

TC-2007-0111 9/26

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comcast IP Phone, LLC  
Legal Department  
4700 Little Blue Parkway  
Independence, MO 64057

2. Article Number

(Transfer from service label)

7005 0390 0003 2886 2988

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Jeff*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

*10/26*

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

MO Public Service Commission  
Data Center  
P.O. Box 360  
Jefferson City, MO 65102-0360

FILED<sup>3</sup>

OCT 5 2006

Missouri Public  
Service Commission