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UNITED STATES POSTAL SERVICE

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: R. Mark Box 11562 Apt. 2, Wing A St. Louis, MO 63105 St. Louis, MO 63105 Article Number (Transfer from service label) C. Date of Delivery address different from item 1? Yes If YES, enter delivery address below: No No Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No April 1	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.	A. Signature X Agent Address B. Received by (Fringed Name) C. Date of Delivery Annol.
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: R. Mark Box 11562 Apt. 2, Wing A St. Louis, MO 63105 St. Louis, MO 63105 X B. Received by (Frinted Name) D. Is delivery address different from item 17 Pyes If YES, enter delivery address below: No 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchand Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes (Transfer from service label)	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.	X Agent Address B. Received by (Fininged Name) Copage of Deliver Ann Copage of Deliver
R. Mark Box 11562 Apt. 2, Wing A St. Louis, MO 63105 3. Service Type Certified Mail	. Article Addressed to:	1) D. Is delivery address different from item 77 / P Yes
Box 11562 Apt. 2, Wing A St. Louis, MO 63105 3. Service Type Certified Mail		If YES, enter delivery address below:
4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) 7003 3110 0004 0200 5757	Box 11562 Apt. 2, Wing A	Certified Mail
(Transfer from service label) 7003 3110 0004 000 6737		
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1	תעב בנוטן	.0 0004 0200 6757
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