

2-11-04 TC-04-374

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:

St. Andrews Telecommunications, LLC
C/o CT Corporation System, Registered
Agent
120 S. Central Ave.
Clayton, MO 63105

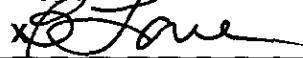
2. Article Number

(Transfer from service label)

7099 3220 0009 3699 7678

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x ☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

2-13-04

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

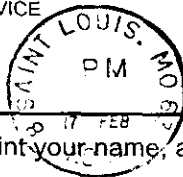
3. Service Type

☒ 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
P.O. BOX 360
JEFFERSON CITY, MO 65102

Missouri Public
Service Commission

FEB 19 2004

FILED²

102+0360

