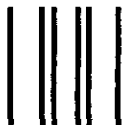


UNITED STATES POSTAL SERVICE



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 25 2004

FILED²

3-02/0360



TC-04-0390 2118104

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:

John P. Wilson
Heartland Health System, Inc.
5325 Faraon St.
St. Joseph, MO 64506

2. Article Number

(Transfer from service label)

7001 1940 0002 6942 5716

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* ☐ Agent☐ Addressee

B. Received by (Printed Name)

TED WILMER

C. Date of Delivery

2/23

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