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

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SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete ltem 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 Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from Item 1?
Dennis Kallash 360 East Cherry St. Troy, MO 63379	If YES, enter delivery address below: No No Service Type Cortified Mail
O. Addala Number	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 2810 0001 PS Form 3811, February 2004 Domestic Ref	