

WC-10-0227 2-2-10

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:

Michael Palin
155 E. 55th St., Ste 5-F
New York, NY 10022

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
J. Bakalis ☐ Addressee

B. Received by (Printed Name) *J. Bakalis* C. Date of Delivery *2/16*

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

2. Article Number
(Transfer from service label)

7007 0710 0002 2047 9176

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED²

FEB 24 2010

Missouri Public
Service Commission

ED 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