

WC-2006-0363

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:

Hansen, Stierberger, Downard,
Melenbrink & Schroeder
Jonathan Downard
80 North Oak Street
Union, MO 63084

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Liz Smith*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Liz Smith

C. Date of Delivery

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.

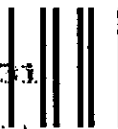
4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 0390 0003 2881 2778

UNITED STATES POSTAL SERVICE

ST LOUIS MO 631



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

31 MAR 2006 PM 5 L

March is Red
Cross Month

• Sender: Please print your name, address, and ZIP+4 in this box

MO PUBLIC SERVICE COMMISSION

P.O BOX 360

JEFFERSON CITY, MO 65102

FILED⁴

APR 03 2006

Missouri Public
Service Commission

360 8003

