

FILED

JUN 29 2009

Missouri Public Service Commission

TC-09-0440 6/23/09

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:

CT Corporation System
Registered Agent
c/o CT Corporation System
120 South Central Ave.
Clayton, MO 63105

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *ZK*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

6-25-09

- 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 servi

7007 0710 0002 2048 0691

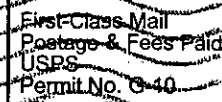
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE
ST. LOUIS MO 63

25 JUN-09 PM 01



- 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

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