

FILED²

NOV 29 2018

Missouri Public Service Commission

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Birch Telecom of Missouri, LLC.
 c/o Sharyl Fowler, Official Representative
 115 Gateway Dr.
 Macon, GA 31210



9590 9402 3592 7305 8664 04

2. Article Number (Transfer from service label)

7017 3040 0000 1345 2924

PS Form 3811, July 2015 PSN 7530-02-000-9053

TC-209-0136 11-14-18

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *V. Bark* Agent Addressee

B. Received by (Printed Name) *V. Bark* C. Date of Delivery *11-20-18*

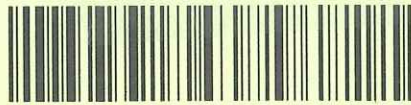
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 3592 7305 8664 04

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

United States Postal Service

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

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