UNITED STATES POSTAL SERVICE



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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

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse □ Addressee 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. is delivery address different from item 17 1. Article Addressed to: If YES, enter delivery address below: Goodman Telephone Company, Inc. Legal Department 816 Oneida Avenue P.O. Box 592 3. Service Type Seneca, MO 64865 Certified Mail Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 2810 0001 2932 8317 (Transfer from si

PS Form 3811, February 2004

Domestic Return Receipt

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