

1-13-04

TD-04-283

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:

Fast Connections, Inc.
 Legal Counsel
 P.O. Box 40
 Hubbard, OR 97032

2. Article Number (Copy from service label)

7099 3220 0009 3699 7173

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Aima Perez 1-15-04

C. Signature

X Aima Perez

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

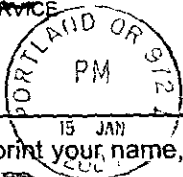
Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED 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
P.O. BOX 360
JEFFERSON CITY, MO 65102

Missouri Public
Service Commission

JAN 23 2004

FILED 3

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