• Sender: Please print your name, address, and ZIP+4 in his box • PUBLIC SERVICE COMMISSION P.O BOX 360

JEFFERSON CITY, MO 65102

Minham Mandallan Andra Mandallan Man

SENDER: COMPLETE	THIS SECTION	COMPLET/E THIS S.	ECHON ON DELIV	<i>EF'Y</i>
 Complete items 1, 2, item 4 if Restricted D Print your name and so that we can return Attach this card to the or on the front if space 	elivery is desired. address on the reverse the card to you. e back of the mailpiece,	A. staffaure *** B. *** B. *** B. *** B. ** B. * B. ** B. * B. ** B. * B. ** B. * B. ** B. * B. *	H/L	Agent Addresso Date of Deliver
Article Addressed to:		. Is delivery address	different from item ery address below:	_
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Qwest Interprise Ame Susan Mohr 1801 California St., St	•			
Susan Mohr	•	3. Service Type 12 Certified Mail Registered Insured Mail		ot for Merchandise

Domestic Return Receipt

PS Form 3811, August 2001