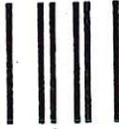


USPS TRACKING#



9590 9402 3592 7305 8667 18



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•

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



FILED

MAR 28 2019

Missouri Public
Service Commission

TC-2019-0277 3/22/2019

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.

Joseph Isaacs
Account Report Representative
New Vision Communications, LLC
2111 W. Vista
Springfield, MO 65807



9590 9402 3592 7305 8667 18

2. Article Number (Transfer from service label)

7017 3040 0000 1345 3174

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Ben Bohannon Addressee
- B. Received by (Printed Name) C. Date of Delivery
Ben Bohannon
- 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