

100C-15-0330 6/12/15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ 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. <p>- Farm Lake Water Corporation 3910 Old Highway 94 S, Ste 100 St. Charles, MO 63304</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Rachel Ackema</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Rachel Ackema</i></p> <p>C. Date of Delivery <i>7/2/15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center; font-weight: bold;">7012 2920 0002 0666 4092</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

FILED

JUL 6 2015

Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE

JUL 15 2015



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

• 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

