

XD-2005-0317 3/23/05

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:

Dimensions
 Legal Department
 1720 Windward Concourse,
 Suite 250
 Alpharetta, GA 30005

2. Article Number
 (Transfer from service label)

7003 3110 0004 0200 6825

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

C. Fallon

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. FALLIN

C. Date of Delivery

3-28-05

D. Is delivery address different from item 1? ☐ YesIf 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

PS Form 3811, August 2004

Return Receipt

102595-02-M-1540

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

FILED³

APR 04 2005

Missouri Public
Service Commission

W003

