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A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery 8 28 13 D. Is delivery address different from Item 1? If YES, enter delivery address below:
3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes
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MO Public Service Commission Cata Center P.O. Box 360 Jefferson City, MO 65102-0360

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