

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>James J. Nichols</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>11-13-02</i></p>
<p>1. Article Addressed to:</p> <p>Amega Sales, Inc. Greg Deline 111 Eastside Drive Ashland, MO 65010</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>3. Service Type <input checked="" 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>
<p>2. Article Number (Transfer from service label)</p>	<p>7001 1940 0002 6942 2517</p>
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509</p>	

FILED³

JUN 25 2004

**Missouri Public
 Service Commission**

Exhibit No. 8
 Case No(s) MC-2004-0079
 Date 6-2-04 Rptr 72