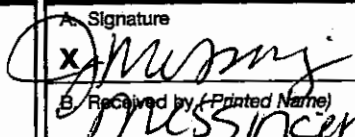


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Missouri Public
Service Commission

TC-2013-0194 10/22/12

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		A. Signature  B. Received by (Printed Name) J. Messinger C. Date of Delivery 10-24-12 D. Is delivery address different from item 1? ☐ Yes or delivery address below: ☐ No	
1. Article Addressed to: Transcom Enhanced Services, Inc. Legal Department 307 W. 7th Street, Ste. 1600 Fort Worth, TX 76102		3. Service Type ☒ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.	
2. Article Number (Transfer from service label) 7008 2810 0001 2932 8508		4. Restricted Delivery? (Extra Fee) ☐ Yes	

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

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