

SAINT LOUIS MO 63101

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• Sender: Please print your name, address, and ZIP+4 in this box •

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Missouri Public
Service Commission

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; justify-content: space-between;"> X <i>John Bayard</i> <input type="checkbox"/> Agent </div> </p> <p><input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <i>John Bayard</i></p> <p>C. Date of Delivery <i>1-26-09</i></p>
<p>2. Article Number: (Transfer from)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>Cuivre River Electric Cooperative Legal Department 1112 E. Cherry Street P.O. Box 160 Troy, MO 63379-0160</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </div>
<p>4. Article Number: (Transfer from)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7007 0710 0002 2048 0400</p>	