FILED

DEC 2 0 2010

## Missouri Public

	• •••	WC-11-0144 12-10	
SENDE	R: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
item ■ Print	plete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. your name and address on the reverse	A Signature Agent Addressee	
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.		B. Received by Printed Namel C. Date of Delivery	
1. Article	Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No	
		e de la companya de l	
•	Dan M Harmon 110 Foster Street		
	Noel. MO 65854-0465	3. Service Type  Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D.	
•	,	4. Restricted Delivery? (Extra Fee) Yes	
2. Article Number 7008 2810 0001 2932 9079 (Transfer from service label)			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			
United States Postal Service			
:	• Sender: Please print your name, address, and ZIP+4 in this box •		
·	MO Public Service Commission Data Center		
! !	P.O. Box 360		
	Jefferson City, MO 65	5102-0360	
	hlladdard/llanddland		