

■ Complete items 1, 2, and 3. Also complete	A. Signature
<ul> <li>orn plete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	B. Received by (Printed Name)  C. Date of Deliver
Article Addressed to:  CenturyTel of Missouri, LLC Legal Department	D. Is delivery address different from Item 1? ☐ Yes  If YES, enter delivery address below: ☐ No
CenturyTel of Missouri, LLC Legal Department 220 Madison Street Jefferson City, MO 65101	3. Service Type  Certified Mail

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004