

FILED

APR 6 2009

Missouri Public Service Commission

XC-09-347 4/1/09

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.

1. Article Addressed to:

CT Corporation System
 Registered Agent
 c/o CT Corporation System
 120 South Central Ave.
 Clayton, MO 63105

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 Taylor, Kyle 4-3-09
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7007 0710 0002 2048 0967

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

UNITED STATES POSTAL SERVICE

SAINT LOUIS MO 63103

03 APR 09 PM 03 L

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• 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 65102-0360

+0360

