

TC-2004-0429 2-26-04

**SENDER: COMPLETE THIS SECTION**

- 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:

CSC Lawyers Inc. Service Co.  
 Official Representative  
 221 Bolivar Street  
 Jefferson City, MO 65101

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

MAR - 3 2004

C. Date of Delivery

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 lab)

7001 1940 0002 6942 5860

UNITED STATES POSTAL SERVICE



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

**FILED**  
MAR 05 2004  
Missouri Public Service Commission

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

Missouri Public Service Commission  
 1000 N. GARDNER ST.  
 ST. LOUIS, MO 63102-0360  
 ST. LOUIS, MO 63102

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