

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:

Capsule Communications, Inc.
2 Greenwood Square
3331 Street Road #375
Bensalem, PA 19020

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-1-04

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)

7001 1940 0002 6942 5877

UNITED STATES POSTAL SERVICE



Missouri Public
Service Commission



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

MOVES AMERICA

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

MISSOURI PUBLIC SERVICE COMMISSION
P.O. BOX 36
JEFFERSON CITY, MO 65102

MAR 05 2004

FILED⁴

