

TC-04-0367 2/11/04

**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:

Global TeleLink Services, Inc.  
C/O TCS Corporate Services, Inc.  
222 E Dunklin St., Ste 840  
Jefferson City, MO 65101

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 7817

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Laura R Souden* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

*Laura L Souden*

C. Date of Delivery

*2-13-04*

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

UNITED STATES POSTAL SERVICE



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

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

**FILED<sup>4</sup>**  
MO PUBLIC SERVICE COMMISSION  
P.O. BOX 360 FEB 18 2004  
JEFFERSON CITY, MO 65102  
Missouri Public  
Service Commission