

**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:

STI Merger Co.  
 945 East Paces Ferry Rd., 2210  
 Atlanta, GA 30326

**COMPLETE THIS SECTION ON DELIVERY**

TC 04-0366 2/11/04

A. Signature *[Signature]*  Agent Address

B. Received by (Printed Name) *ARTHUR W. WEAVER*  Date of Delivery *2/11/04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

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 *70999 3320 0009 3699 7777*  
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt

UNITED STATES POSTAL SERVICE



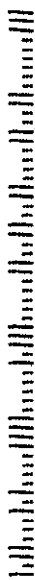
First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. 6-10



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

FEB 23 2004

MO PUBLIC SERVICE COMMISSION  
Missouri Public  
Service Commission  
P.O. BOX 360  
JEFFERSON CITY, MO 65102



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