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:

Thomas Hulse
49495 E. Lakeshore Drive
Hannibal, MO 63401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Thomas W Hulse ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery
Tom W. Hulse 12/3/04

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) 7002 0460 0003 0704 9240

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

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 •

General Counsel's Office
MO PUBLIC SERVICE COMMISSION
P.O BOX 360
JEFFERSON CITY, MO 65102

SW

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:

Public Water Supply District No. 1
c/o Keith Deaver, Board President
3316 Market Street
Hannibal, MO 63401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Jim Boyer ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* C. Date of Delivery 1-23-04

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

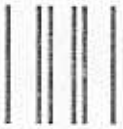
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7002 0460 0003 0704 9271

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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

General Counsel's Office
MO PUBLIC SERVICE COMMISSION
P.O BOX 360
JEFFERSON CITY, MO 65102

SW

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:

Lake Hannibal Sewer Corporation
c/o Thomas Hulse, President
49495 E. Lakeshore Drive
Hannibal, MO 63401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom W. Hulse ☐ Agent ☐ Addressee

B. Received by (Printed Name) Tom W. Hulse C. Date of Delivery 12/3/07

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

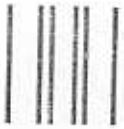
3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7002 0460 0003 0704 9257

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



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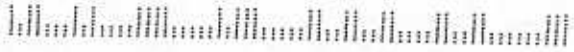
JEFFERSON CITY, MO 65102

SW



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:

Lake Hannibal Community Association
Joe Michels, President
c/o Laurie Williams, Vice President and
49495 E. Lakeshore Drive
Hannibal, MO 63401

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Tom W Hulse ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Tom W. Hulse C. Date of Delivery 12/3/04

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) 7002 0460 0003 0704 9264

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540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MO PUBLIC SERVICE COMMISSION
P.O BOX 360
JEFFERSON CITY, MO 65102
SW