CERTIFIED MAIL

Missouri Public Service Commission
Administration Division
P.O. Box 360
Jefferson City, Missouri 65102

MO 419-2629 (4-01)

7002 0460 0003 0704 9974

Atlas Communications, Ltd.
100 Front Street, Suite 1370
West Conshocken, PA 19428

Attachment A

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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:

Atlas Communications, Ltd.
100 Front Street, Suite 1370
West Conshocken, PA 19428

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | 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

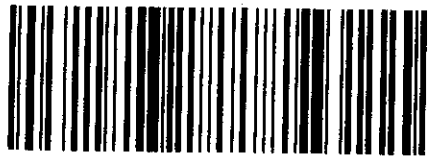
2. Article Number
(Transfer from service label) 7002 0460 0003 0704 9974

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

Missouri Public Service Commission
Administration Division
P.O. Box 360
Jefferson City, Missouri 65102

MO 419-2629 (4-01)

CERTIFIED MAIL



7002 0460 0003 0704 9967

Atlas Communciations, Ltd.
P.O. Box 607
Conshocken, PA 19428-0609

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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1. Article Addressed to:

Atlas Communciations, Ltd.
P.O. Box 607
Conshocken, PA 19428-0609

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | 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
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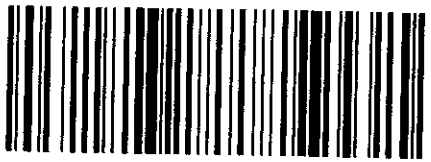
CERTIFIED MAIL



7002 0460 0003 0704 9950

John L. Hearne
Registered Agent for Atlas Communications, Ltd.
300-B East High Street
Jefferson City, MO 65101

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:

John L. Hearne
Registered Agent for Atlas
Communications, Ltd.
300-B East High Street
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* | 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
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