

State of Missouri

Office of Secretary of State

7099 3220 0008 1477 4001 UNITED STATES TELECOMMUNICATIONS, INC./DBA TEL COM PLUS Name of defendant 2277 19TH AVE. SW, LARGO, FL 33774-1713 Last known residence or place of abode You will take notice that original process in suit against you, a copy of which is hereto attached was duly served upon you at Jefferson City, Cole County, Missouri, by serving same on the Secretary of State, State of Missouri, or a Deputy. Dated at Jefferson City, Missouri, this . day of STAFF OF THE MISSOURI PUBLIC SERVICE COMMISSION DAVID A. MEYER, ASSOCIATE GENERAL COUNSEL Attorney for Plaintiff
MISSOURI PUBLIC SERVICE COMMISSION, PO BOX 360, JEFFERSON CITY, MO 65102 Address of Attorney for Plaintiff Mailed by restricted United States mail "Deliver to Addressee Only." 9:00 A.M. Process was served on Secretary of State or Deputy on **AFFIDAVIT** State of Missouri, County of Cole The undersigned, Matt Blunt, Secretary of State of Missouri, hereby makes oath and certifies that the original of above notice to defendant was mailed at the United States Post Office in Jefferson City, Missouri, FEBRUARY 5 __, by restricted registered or certified mail which carried on the face thereof in a conspicuous place where it will not be obliterated the endorsement, "Deliver to Addressee Only," and which also required a return receipt therefor, or a statement by the Postal authorities as to the disposition thereof. Attached hereto is the return receipt for said mail. Attached hereto is said registered or certified mail marked " attempted to the main Postal authorities as the reason delivery was not completed. Commissions Office Subscribed and sworn to before me at my office in Jefferson City, Cole County, Missouri, this day of Notary Public JAMIE L. EIKEN Notary Public - Notary Seal My Conmission Expires

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
■ Complete items 1, 2, and 3. Also complete	A. Signature
For the stricted Delivery is desired. Print your name and address on the reverse	X C Agent
 So that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
	-
•	3. Service Type
	Registered
	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	1800 1808 1800 1808 1800 1800 1800 1800
PS Form 3811, August 2001 Domestic Return Receipt	ırn Receipt 102595-02-M-1540

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SECRETARY OF STATE EB STATE OF MISSOURI FEB JEFFERSON CITY MO 65401 **MATT BLUNT**



RETURN RECEIPT REQUESTED RESTRICTED DELIVERY

STATE OF THE PARTY OF THE PARTY

UNITED STATES TELECOMMUNICATIONS, INC.

DBA TEL COM PLUS, 2277 19TH AVE SW.

RECEIVED FEB 1 3 2004

SECRETARY OF STATE'S OFFICE