

UNITED STATES POSTAL SERVICE[®]



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

MUSCULAR DYSTROPHY

SUPPORT MDA

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

MISSOURI SERVICE COMMISSION

PO BOX 580

SPRINGFIELD, MO 65800

Missouri Public
Service Commission

APR 26 2005

FILED



SC-2005-0371

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:

Kathy L. Pape
762 W. Lancaster Ave.
Bryn Mawr, PA 19010

 2. Article Number
(Transfer from)

7003 3110 0004 0200 6962

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D. Collington

☐ Agent☐ Addressee

B. Received by (Printed Name)

D. Collington

C. Date of Delivery

4-22-05

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