11/30/09 SC-2010-0161

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:

Super Market Merchandising & Supply, Inc.
Registered Agent: Kevin Knasel
5200 Virginia Ave.
St. Louis, MO 63111

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Michelle Williams ☐ Agent ☐ Addressee

B. Received by (Printed Name) Michelle Williams 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) 7007 0710 0002 2047 9039

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

FILED[3]
DEC 10 2009
Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE
SAINT LOUIS MO 630
07 DEC 2009 PM 3 T
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

MO Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360

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