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

| First-Class Mail Postage & Fee Paid Permit No. G-10.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
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.	A. Signature X Addressee B. Reseived by (Printed Name) C. Date of Delivery 4-5-12 D. Is delivery address different from item 12 Yes
Article Addressed to: Alma Telephone Company Legal Department	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
102 3rd St P.O. Box 127 Alma, MO 64001	3. Service Type Critified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from servi 7008 2810 0001	2932 8249
PS Form 3811, February 2004 Domestic Retu	urn Receipt 102595-02-M-1540