

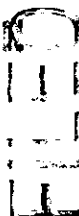
UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
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• Sender: Please print your name, address, and ZIP+4 in this box •

MO PUBLIC SERVICE COMMISSION
P.O. BOX 360
JEFFERSON CITY, MO 65102



FEB 17 2004

Missouri Public
Service Commission

TC-04-0365 2/11/04

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A. Signature X <i>John L. Heavens</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery 2-12
1. Article Addressed to:		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<div style="border: 1px solid black; padding: 5px;">Inet Interactive Network System C/O National Registered Agents Inc 300-B East High Street Jefferson City, MO 65101</div>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7099 3220 0009 3699 7784			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	