

TC-2007-0345-4/2/07

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:

American Fiber Network, Inc.
c/o: CT Corporation System,
Registered Agent
120 South Central Avenue
Clayton, MO 63105

2. Article Number
(Transfer from service label)

7004 1350 0003 1351 6742

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-4-07

D. Is delivery address different from item 1? ☐ YesIf 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

UNITED STATES POSTAL SERVICE



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

Missouri Public
Service Commission

APR 10 2007

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