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

 Jefferson City, MO 65102-0360

 Jefferson City April 10 2012

\	TC-0012-0331 413112
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  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery
1. Article Addressed to:  AT&T Missouri  Robert Gryzmala	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
909 Chestnut St. St. Louis, MO 63101	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 7008 2810 0001 2932 8263	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540