

WC-11-0253 SC-11-0254 2/15/11

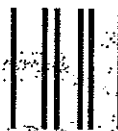
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature ☒ <i>[Signature]</i> ☐ Agent ☐ Addressee	
		B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>Feb 16</i>	
1. Article Addressed to: Toni Kallsh 360 East Cherry St. Troy, MO 63379		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 se) 7008 2810 0001 2932 9147			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

FILED

FEB 22 2011

Missouri Public
Service Commission

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

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