

WC-2005-0494

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:

The Willows Utility Company
Shirley Smith, Registered Agent
1543 Highway 160 S.
P.O. Box 2187
Nixa, MO 65714

2. Article Number

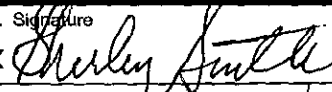
(Transfer from service label)

7003 3110 0004 0200 7075

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

7-6-05

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 •

MISSOURI PUBLIC SERVICE COMMISSION

P.O. BOX 300

JEFFERSON CITY, MO 64102

FILED³
JUL 11 2005

Missouri Public
Service Commission

