

WC-2008-0126 10/26/07

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> |  | <p>A. Signature<br/>X <i>Delbert C. Jacobs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Delbert C. Jacobs</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| 1. Article Addressed to:<br><br>Delbert C. Jacobs<br>3621 Winding Trail Road<br>Columbia, MO 65201                                                                                                                                                                                                                           |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.                                                                            |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                           |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                               |  |
| 7004 1350 0003 1351 9781                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                |  |

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

WC-2008-0126 10/26/07  
**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:

Michelle Fanning-Jacobs  
3621 Winding Trail Road  
Columbia, MO 65201

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Michelle Jacobs*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Michelle Jacobs*

C. Date of Delivery

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 service label)

7004 1350 0003 1351 9798

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-1

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
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Permit No. G-10

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