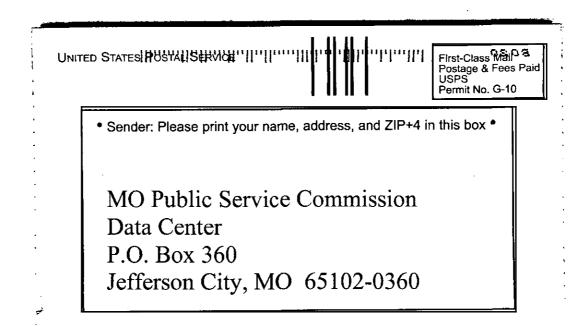
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November 7, 2007
Data Center
Missouri Public
Service Commission

| | | WC-2008-0126 1 | 0/24/07 |
|---|---------------|---|---|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELI | VERY |
| Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the ma | verse | A. Signature X B. Redelved by (Rrinted Name) | ☐ Agent☐ Addressee☐ C. Date of Delivery |
| or on the front if space permits. 1. Article Addressed to: | | D. is delivery address different from item if YES, enter delivery address belov | _ |
| Delbert C. Jacobs 3621 Winding Trail Road Columbia, MO 65201 | | 3. Service Type Certified Mail Express Mail Registered Return Received Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) | i i i i i i i i i i i i i i i i i i i |
| Article Number (Transfer from service label) | 7004 1 | 350 0003 1351 9781 | |
| PS Form 3811, February 2004 | Domestic Retu | ırn Receipt | 102595-02-M-1540 |



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| 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 C. B. Repeived by (Printed Name) C. | ☐ Agent☐ Addressee☐ Addressee☐ Date of Delivery | |
| Article Addressed to: Michelle Fannning-Jacobs : | D. Is delivery address different from item 17 if YES, enter delivery address below: | Yes No | |
| 3621 Winding Trail Road Columbia, MO 65201 | 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ C.O.D. | for Merchandise | |
| | 4. Restricted Delivery? (Extra Fee) | ☐ Yes | |
| 2. Article Number (Transfer from service label) | 1350 0003 1351 9798 | <u> </u> | |
| PS Form 3811, February 2004 Domestic | 102595-02-1 | | |

