

1-13-04

TD-04-283

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:

AmeriConnect, Inc.
Legal Counsel
6750 W. 93rd Street, Suite 110
Overland Park, KS 66212

2. Article Number
(Transfer from service label)

7099 3220 0009 3699 7333

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PSchaefer☐ Agent☐ Addressee

B. Received by (Printed Name)

PSchaefer

C. Date of Delivery

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 •

MO PUBLIC SERVICE COMMISSION
P.O BOX 360
JEFFERSON CITY, MO 65102

Missouri Public
Service Commission

JAN 26 2004

FILED²

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