

WC-06-62 8/5/05

**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:

Port Perry Service Company  
E. Robert Horn  
P.O. Box 43  
Perryville, MO 63775

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Thomas R. G. G. G.*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

*Thomas R. G. G. G.*

C. Date of Delivery

*8/8/05*

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)

7003 3110 0004 0200 7211

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

AUG 10 2005

FILED<sub>4</sub>

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