

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:

Capitol Corporate Services, Inc.
222 E. Dunklin Street, Suite 102
Jefferson City, MO 65101

2. Article Number

(Transfer from service label)

7001 0360 0002 3168 7145

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Laura L. Sorden*☒ Agent
☐ Addressee

B. Received by (Printed Name)

Laura L. Sorden

C. Date of Delivery

*4-15-09*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

JEFFERSON CITY, MO 65101

MO 65101

15 APR 2009

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

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED
APR 17 2009

MO PUBLIC SERVICE COMMISSION COUNSEL
PUBLIC SERVICE COMMISSION

P.O. BOX 360

JEFFERSON CITY, MO 65102

Hernandez-GCC TD-2009-0393

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