

ORIGINAL

RECEIVED FPSC

JUN 13 AM 10:43

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. Received by (Please Print Clearly)	B. Date of Delivery 6/10/05
<p>1. Article Addressed to:</p> <p style="text-align: center;">050260</p> <p>S P & C Corporation 50 West 109th Street, Suite 218 Merland Park KS 66211-1308</p> <p style="text-align: center;">PAA.</p>	<p>C. Signature</p> <p>X <i>M. Jumo</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (transfer from service)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, March 2001</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7002 0860 0001 1760 9777</p> <p>Domestic Return Receipt</p> <p>102595-01-M-1424</p>	

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- NMS _____
- RCA _____
- SCR _____
- SEC 1 _____
- OTH _____

DOCUMENT NUMBER DATE

05612 JUN 13 05

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