GC-2016-0297 4128116 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? Yes If YES, enter delivery address below: Missouri Gas Energy Legal Department 700 Market Street St. Louis, MO 63101 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® Registered Mail Restricted Delivery Return Receipt for Merchandise 9590 9403 0423 5163 1951 85 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Signature Confirmation™ Signature Confirmation 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7012 2920 0002 0666 5525 PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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