

	GC-2004-0390
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 Signature Agent Agent Agent Addressee B Beceived by (Printed Name) C. Date of Delivery D Is delivery address different from item 12 Yes
1. Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Laclede Gas Company 5 9007	· · · · · · · · · · · · · · · · · · ·
720 Olive Street St. Louis, MO 63101	3. Service Type
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 0390 0003 2881 2945	
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540