

Bervice Commission

	GC-2011-0339 4/14
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 X S Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yés If YES, enter delivery address below: ☐ No
	:
Missouri Gas Energy Legal Department	
3420 Broadway Kansas City, MO 64111	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7,008 2810 0001 2932 9062 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540
United States Postal Service Flist-Class Maltander Postage & Fees Paid USPS Permit No. G-10	
Sender: Please print your name, address, and ZIP+4 in this box •	
MO Public Service Co Data Center P.O. Box 360 Jefferson City, MO 6	
SEO hladdadhadhadhalladhaall	