

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Article Addressed to:	D. Is delivery address different from item 1?  Yes  If YES, enter delivery address below:  No
Laclede Gas Company Legal Department	25
720 Olive Street St. Louis, MO 63101	3. Service Type  D. Certified Mail  Express Mail  Registered  Return Receipt for Merchandisc
I	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7005 0390 00	D3 5997 5PPS
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-15-

61.2M12.124