

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 mailpied or on the front if space permits. 	Agent Addresser Received by (Printed Name) C. Date of Delivery Addresser Alpho C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1?
Laclede Gas Company	
Legal Department 720 Olive Street St. Louis, 63101	3. Service Type Certified Mail Express Mail Registered Recurr Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label) 700	5 0390 0003 2886 3077
PS Form 3811, February 2004 Dom	estic Return Receipt 102595-02-M-154