

		GC-07-33		
SENDER: COMPLETE THIS SECT	ION	COMPLETE THIS SE	CTION ON DELIVE	RY
 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. M. O. B. Received by (Prin	ted Name) S.	Agent Addressee
Article Addressed to:			different from item 19 ery address below:	Yes D Yes
Laclede Gas Co.	1		<u> </u>	
720 Olive Street		3. Service Type Certified Mail	C Express Mail	
St. Louis, MO 63101		☐ Registered ☐ Insured Mail	Return Receipt C.O.D.	for Merchandise
		4. Restricted Delivery	/? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7005 039	0 0003 286	P 3573	
PS Form 3811, February 2004	Damestic Retu	rn Receipt		102595-02-M-154