• Sender: Please print Your name, address, and ZIP+4 in this box • P.O BOX 360 OCT 28 OCT 18 OCT 18

| 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/UL/14 PLLSL □ Agent □ Addresse B. Received by (Printed Name) |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| | i i |
| Southern Missouri Gas Company Legal Department | |
| Legal Department 301 E.17 th Street P.O. Box 847 | 3. Service Type A Certified Mail |
| Legal Department 301 E.17 th Street | Certified Mail |
| Legal Department 301 E.17 th Street P.O. Box 847 | ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes |