

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. Article Addressed to: 	A. Signature Agent Addressee C. Date of Delivery D. Is delivery address different from item 1? 1.7 Yes If YES, enter delivery address below:
Laclede Gas Company	30
Legal Department 720 Olive Street	3. Service Type Certified Mail Express Mail
St. Louis, MO 63101	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
bi. Eddis, MO 05101	
St. Louis, W.O. 05101	4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540