FILED

OCT 3 2008

Missouri Public Service Commission

	GC-2009-0110 9-30-08
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. A. Grand Gran
1. Article Addressed to:	D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	3. Service Type  Certified Mail Express Mail Registered Receipt for Merchandise
·	☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) Yes
2. Article Number 7007 (Transfer from service label)	0710 0002 2048 0295
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540
UNITED STATES POSTAL SERVICE SAINT LOUIS	Eirst-Class Mail Postage & Rees Paid
SHRAL COOLS	Permit No. G-16
OT DETOR P	
	me, address, and ZIP+4 in this box
MO Public Servi	ice Commission
Data Center	ĺ
P.O. Box 360	
Jefferson City, N	1
1	MO 65102-0360
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