## FILED

## JAN 2 6 2010

## Missouri Public Service Commission

.

	GC-2010-0217 1/21/10
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 free it open name.</li> </ul>	A. Signature X / Con / Wor Agent B. Received by (Printed Name) C. Date of Defivery
or on the front if space permits.  1. Article Addressed to:	D. Is delivery address different from item 1?
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Laclede Gas Company	
Legal Department	3. Service Type
720 Olive Street	Certified Mail  Express Mail
St. Louis, MO 63101	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7007	
	Return Receipt 102595-02-M-1540
PS Form 3811, February 2004 Domestic	· · · · · · · · · · · · · · · · · · ·
UNITED STATES POSTAL SERVICE	First Clase Mail Rostage & Fees Pail WSPS
UNITED STATES POSTAL SERVICE	First-Chase Malt Postage & Foes Pal SPS Permit No. G-TO Pame, address, and ZIP+4 in this box •
UNITED STATES POSTAL SERVICE	name, address, and ZIP+4 in this box •
UNITED STATES POSTAL SERVICE	CE COMMISSION X 360

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