

 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the revers so that we can return the card to you. Attach this card to the back of the mailpied or on the front if space permits. 	e X Addressee Received by (Printed Name) C. Date of Delivery
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	D. Is delivery address different from item 17 \(\text{Q} \) Yes If YES, enter delivery address below: \(\frac{1}{2} \) \(\text{D} \) No 30 3. Service Type SCertified Mall \(\text{Q} \) Express Mall \(\text{Q} \) Registered \(\text{Q} \) Return Receipt for Merchandise \(\text{Q} \) insured Mail \(\text{Q} \) C.O.D. 4. Restricted Delivery? (Extra Fee) \(\text{Q} \) Yes
2. Article Number (Transfer from service label) 7 []	
PS Form 3811, February 2004 Don	nestic Return Receipt 102595-02-M-1540