

		GC-0'	7-19	8	11/29/06
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 Agent Addressee B./Deceived by (Printed Name) C. Date of Delivery			
Article Addressed to:				ifferent from item y address below	
Laclede Gas Company Legal Department			<i>(</i>		
720 Olive Street St. Louis, MO 63101	_	3. Service Ty Certifie Regist Insure	ered	Express Mail Return Recei	pt for Merchandise
		4. Restricted	Delivery?	(Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7005 0391	0003	2885	3070	
PS Form 3811, February 2004	orm 3811, February 2004 Domestic Return Receipt				