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SENDER: COMPLETE THIS SECTION	CC-07-311 2/23/07 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. 	B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery
1. Article Addressed to: Laclede Gas Co.	If YES, enter delivery address below:
Legal Department	
720 Olive Street St. Louis, MO 63101	3. Service Type La Certified Mail
	4. Restricted Delivery? (Extra Fee)
2. Article Number 7 🗆 5 🖸	370 0003 2886 3206
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-154