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. Signerture A. Signerture Agent D. Addressee B. Received by (Printed Name) C. Qate of feetivery C. Date of feetivery
1. Article Addressed to: Laclede Gas Company Local Department	D. Is delivery address different from item 1?
Legal Department 720 Olive Street St. Louis, MO 63101	3. Service Type Grantfied Mali Repress Mali Registered Return Receipt for Merchandise Insured Mali C.O.D. 4. Restricted Delivery? (Extra Fee)
Article Number 7000 (Transfer from service label)	+ 1350 0003 1351 6339
PS Form 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

United States Postal Service



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MO Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360