

PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540
Article Number     (Transfer from service label)	7004 1350 0003 1351 6711
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Legal Department 720 Olive St. St Louis, MO 63113	3. Service Type  Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
Laclede Gas Company	( )
Article Addressed to:	D. Is delivery address different from item 1?
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.	ilpiece, P. Received by (Printed Name) C. Date of Delivery
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	Agent Agent
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	GC-07-382 4/11/02