

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 A. Signature Addressee Addressee Addressee D. Received by (Printed Name) C. Date of Delivery C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Li Yes If YES, enter delivery address below: Li No

Laceled Gas Company 720 Olive Street St. Louis, MO 63101

Service Type	
☐ Certified Mail	☐ Express Mail
☐ Registered	Return Receipt for Merchandise
Insured Mail	□ C.O.D.

☐ Yes

4. Restricted Delivery? (Extra Fee)

2. Article Number 9400 8405 5000 (Transfer from service