

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. Article Addressed to: Laclede Gas Company Legal Department 720 Olive Street 	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery C. Date of Delivery Addressee D. Is delivery address different from item 1? Yes No
St. Louis, MO 63101	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
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2. Article Number (Transfer from service label) 7001 1940	0002 6942 5938
PS Form 3811, August 2001 Domestic	Return Receipt 102595-02-M-1540