

SENDER: COMPLETE THIS SECTION	GC-2007-0422 051 COMPLETE THIS SECTION ON DELIVE	02/07 RY
 Complete items 1, 2, and 3. Also completer 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. Article Addressed to: 	verse X M X Three Name) C.	Agent Addressee Date of Delivery Yes No
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	3. Service Type Certified Mail Express Mail Registered Return Receipt Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee)	for Merchandise
Article Number (Transfer from service label)	7004 1350 0003 1351 6650	-
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540