

SEINDER, COMPLETE THIS SECTION			
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	erse X M M M M M M M M M	☐ Agent ☐ Addressee ☐ C. Date of Delivery	
1. Article Addressed to:	11 -	If YES, enter delivery address below:	
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	3. Service Type 12 Certified Mail	Receipt for Merchandise	
2. Article Number (Transfer from service label)	7005 0390 0003 2886 49°	19	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540	

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