

UNITED STATES POSTAL SERVICE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

FILED³

SEP 12 2019

Missouri Public
Service Commission

• Sender: Please print your name, address, and ZIP+4® in this box•

MO Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360

USPS TRACKING#



9590 9403 0422 5163 8702 12

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

Spire
Legal Department
700 Market Street, 6th Floor
St. Louis, MO 63101



9590 9403 0422 5163 8702 12

2. Article Number (Transfer from service label)

7017 3040 0000 1345 3624

GC-2020-0057 9/4/19

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sharon Shaffer*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Sharon Shaffer

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt