

SEP 3 0 2014

Missouri Public Service Commission

United States Postal Service NO 630 25 SEP 12	First-Class Mail- Postage & Fees Paid USPS Permit No. G-10
• Sender: Please print your name, address, and ZIP+4 in this box •	
Missouri Public Service Commission Data Center P.O. Box 360 Jefferson City, MO 65102-0360	
CREVE Halindich dalich dalich de assec	
SENDER: COMPLETE THIS SECTION 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.	Complete this section on Delivery A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: Laclede Gas Company Legal Department 720 Olive Street	D. Is delivery address different from item 1?

☐ Registered

☐ Insured Mail

7012 2920 0002 0666 8113

Domestic Return Receipt

4. Restricted Delivery? (Extra Fee)

☐ Return Receipt for Merchandise

☐ Yes

102595-02-M-1540

□ C.O.D.

St. Louis, MO 63101

2. Article Number (Transfer from s.

PS Form 3811, February 2004