010-0297 4/28/16 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: Laclede Gas Company Legal Department 700 Market Street St. Louis, MO 63101 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ Certified Mail® 9590 9403 0423 5163 1951 78 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery 2 Article Number (Transfer from service label) ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7012 2920 0002 0666 5518 Restricted Delivery PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt



