

FILED<sup>2</sup>

MAY 9 2019

Missouri Public  
Service Commission

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



9590 9402 3592 7305 8667 25

2  
7017 3040 0000 1345 3365

GC-2019-0331 4/29/19

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

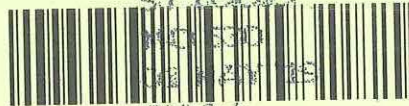
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 3592 7305 8667 25

United States  
Postal Service

\* 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

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

65102-036060

