- ·			
		GC-2005-0316	
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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. 1. Article Addressed to: Laclede Gras Company Legal Department 720 Olive Street St. Louis, MD 63101		x MARIONEZ	☐ Agent ☐ Addressee
		B. Received by (Printed Name) C. Date of Delivery Martinez 32305	
		D. Is delivery address different from item 1? If YES, enter delivery address below: No	
		3. Service Type	
		□ Registered □ Return Rece □ Insured Mail □ C.O.D.	ipt for Merchandise
		4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7003 31	10 0004 <u>0</u> 200 6818	
PS Form 3811, August 2001	Domestic Return Receipt 102595-02-M-1540		
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• Sender: Please print your frame, address, and ZIP+4 in this box •

P.O BOX 360

JEFFERSON CITY, MO 65102

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