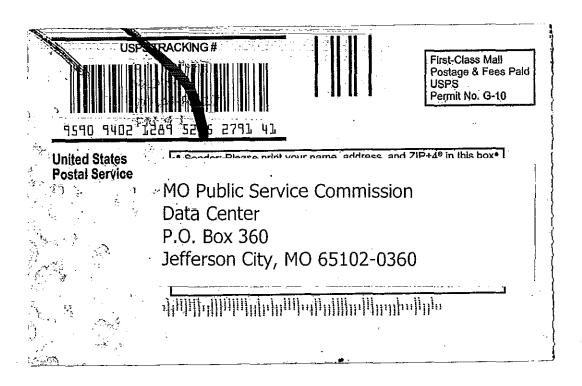
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Missouri Public Service Commission



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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY. |
| 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. | A, Signature X G G G Agent G Addressee B. Received by (Printed Name) C. Date of Delivery |
| Laclede Gas Company Legal Department 700 Market Street St. Louis, MO 63101 | D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No |
| 9590 9402 1289 5285 2791 41 2. Article Number (Transfer from service label) 7012 2920 0002 0666 4283 | 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ Insured Mail □ Insured Mail Restricted Delivery □ Signature Confirmation □ Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 RSN 7530-02-000-9053 | (over \$500) Domestic Return Receipt |