

FILED<sup>3</sup>

MAY 29 2018

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.

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



9590 9402 1289 5285 2786 01

2. Article Number (Transfer from service label)

7017 3040 0000 1345 2597

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

*Linda Idoll*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

Linda Idoll

C. Date of Delivery

5.21.18

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 1289 5285 2786 01

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

2-036060