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

Data Center
Data Cen

	GC-2011-6405 1/1/11
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 	A. Signature X Agent Addressee
so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Laclede Gas Company Legal Department	
St. Louis, MO 63101	3. Service Type
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 2810	0001 2932 9260

Domestic Return Receipt

102595-02-M-1540

PS Form 3811, February 2004