

SENDER: COMPLETE THIS SECTION

- 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:

Legal Department
Laclede Gas Company
720 Olive Street
St. Louis, Missouri 63101

2. Article Number (Copy from service label)

7099 3220 0009 3699 7036

PS Form 3811, July 1999

12-18-03 9C-2004-0259

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print, Clearly) B. Date of Delivery

Chris Wright

12/19

C. Signature

X *Chris Wright*☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

MO PUBLIC SERVICE COMMISSION
P.O. BOX 360
JEFFERSON CITY, MO 65102

FILED

DEC 23 2003

Missouri Public
Service Commission