

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A Signature  A Signature  A Signature  A Algent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 12  Yes
Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	Sec. 11
	3. Service Type  Gertified Mail  Registered Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7005 039	0 0003 2886 3046
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540