

**FILED**

**DEC 23 2013**

Missouri Public  
Service Commission

GO-2014-00010 12/12/13

**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.

Article Addressed to:

Western District Court of Appeals  
Court Clerk  
1300 Oak Street  
Kansas City, MO 64106-2970

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Rocky Ball*

- Agent
- Addressee

B. Received by (Printed Name)

*Rocky Ball*

C. Date of Delivery

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

2. Article Number

(Transfer from

7012 2920 0002 0666 7642

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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  
Data Center  
P.O. Box 360  
Jefferson City, MO 65102-0360

02036060

