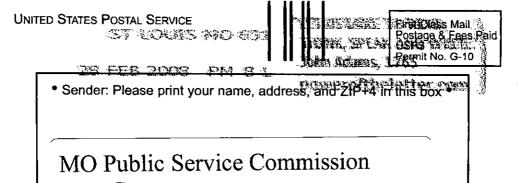
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery Is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Addressed to: Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101 	A. Signature X Agent Addressee B. Acceived by (Printed Parne) C. Date of Delivery D. Is delivery address different from item 1?4 Yes If YES, enter delivery address below:	FILED March 3, 2008 Data Center Missouri Public Service Commision
	3. Service Type Certified Mail Registered Insured Mail C.O.D.	
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes	
(Transfer from service label) 7007 07	10 0002 2048 1308	1 4
PS Form 3811, February 2004 Domestic F	leturn Receipt 102595-02-M-1540	1

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