FILED

SEP 2 2 2022

Missouri Public Service Commission

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3.

1.

- 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.

Spire Legal Department 700 Market Street, 6th Floor St. Louis, MO 63101



Article Number (Transfer from service label)

7017 3040 0000 1345 4713

PS Form 3811, July 2015 PSN 7530-02-000-9053

A. Signature

A. Signature

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Cnc-2023-0097 9/13/22

3. Service Type

- ☐ Adult Signature
 ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
 ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
 ☐ Insured Mail Restricted Delivery (over \$500)
- □ Priority Mail Express®
 □ Registered Mail[™]
- ☐ Registered Mail Restricted
 Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

