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  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Laclede Gas Company Legal Department	D. Is delivery address different from item 1?
720 Olive Street St. Louis, MO 63101	2. Service Wished Co.D.  Express Mail  Receipt for Merchandise  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)

7003

Domestic Return Receipt

2. Article Number

(Transfer from service label)
PS Form 3811, August 2001

3110 0004 0200 7013

102595-02-M-1540

