

4-19-13

HC-10-02354 HC-12-02

## 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.

1. Article Addressed to:

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ *Bande Perry*
☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4-24-2013

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

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

Mail ☐ Express Maild ☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 2810 0001 2932 8829

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



FILED

APR 29 2013

Missouri Public  
Service Commission