

FILED

OCT 5 2015

Missouri Public Service Commission

MC-2016-0067 9/17/15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Clayton Homes # 817
 Christopher Leritz
 555 Washington, Suite 600
 St. Louis, MO 63101



9590 9403 0423 5163 1955 36

2. Article Number (Transfer from service label)

7012 2920 0002 0666 5167

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *L. Pyatt*

- Agent
- Addressee

B. Received by (Printed Name)

L. PYATT

C. Date of Delivery

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

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

ST LOUIS

UNITED STATES POSTAL SERVICE

FM 7 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Missouri Public Service Commission)OX*
 Data Center
 PO Box 360
 Jefferson City, MO 65102-0360

USPS TRACKING#



02036060 9590 9403 0423 5163 1955 36