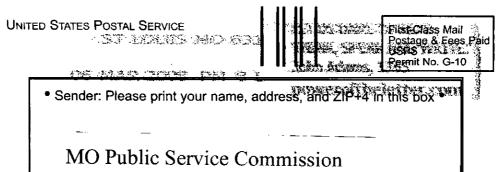
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY | |
|--|---|--------------------------------------|
| Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: | A. Signature A. Signature Addressee B. Received by (Printed Name) C. Date of Delivery 3-6-0 8 D. Is delivery address different from item 1? Yes If YES, enter delivery address below: | FILED March 7, 2008 |
| Clayton MO 63106 | | Missouri Public Service Commision |
| 120 South Central Avenue | Service Type Certified Mail Express Mail | |
| | Service Type | |



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