

FILED<sup>3</sup>

FEB 13 2014

GC-14-0216 2-7-14

**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:

Laclede Gas Company  
 720 Olive St.  
 St. Louis, Missouri 63101

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Genise Sawyer*

B. Received by (Printed Name) C. Date of Delivery  
*Genise Sawyer 2/10/14*

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

Missouri Public Service Commission

- Registered Mail  Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

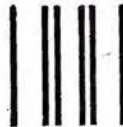
7012 2920 0002 0666 7802

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 •

Missouri Public Service Commission  
 Data Center  
 P.O. Box 360  
 Jefferson City, MO 65102-0360

