


MC-116-0074 9/28

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.

CT Corporation System
120 South Central Avenue
Clayton, MO 63105



9590 9403 0423 5163 1955 12

2 Article Number (Transfer from service label)
7012 2920 0002 0666 5174

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *M. Endorle*

B. Received by (Printed Name)
M. ENDORLE

C. Date of Delivery
10/1/15

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

FILED

OCT 5 2015

Missouri Public Service Commission

UNITED STATES POSTAL SERVICE

NO 630
01 OCT 15



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

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

USPS TRACKING#



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