

FILED³

FEB 13 2014

GC-14-0216 2-7-14

Missouri
Service Commission

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:

Registered Agent:
 Mary Caola Kullman
 720 Olive St. Rm. 1527
 St. Louis, Missouri 63101

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Denise Sauer</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Denise Sauer</i>	C. Date of Delivery <i>2/10/14</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

<input type="checkbox"/> Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

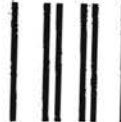
2. Article Number (Transfer from service label) 7012 2920 0002 0666 7789

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

