

FILED<sup>3</sup>

FEB 13 2014

Missouri Public Service Commission

GC-14-0570216 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:

Registered Agent:  
 CSC-Lawyers Incorporating Service Company  
 221 Bolivar Street  
 Jefferson City, Missouri 65101

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*Keith Bath*
- B. Received by (Printed Name) C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  No  
 2-11-14

- all  Express Mail  
 Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7012 2920 0002 0666 7796

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

