	EC-2006-04/2 4/26
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. Article Addressed to: 	A. Signature X. G. Grade G. Addressee B. Received by (Printed Name) C. Date of Delivery C. Date of Delivery ADR 28 D. Is delivery address different from Item 17 Q Yes If YES, enter delivery address below: Q No

Missouri Gas Energy Legal Department 3420 Broadway

Kansas City, MO 64111

Certified Mail ☐ Registered

Insured Mail 4. Restricted Delivery? (Extra Fee)

7005 D390 0003 2881 2983

Service Type

☐ Express Mail Return Receipt for Merchandise □ C.O.D.

☐ Yes

2. Article Number (Transfer from service label)

102595-02-M-1540

