

EA-2015-0256 3/28/16

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.

Western District Court of Appeals
1300 Oak Street
Kansas City, MO 64106-2970



9590 9403 0423 5163 1952 39

2. Article Number (Transfer from service label)

7012 2920 0002 0666 5464

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Kendra Y Price ☒ Agent ☐ Addressee

B. Received by (Printed Name)

K Y Price

C. Date of Delivery

3/31/16

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

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☐ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

FILED

APR 4 2016

Missouri Public Service Commission

UNITED STATES POSTAL SERVICE

31 MAR '16

PM 3.1



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

XX*

USPS TRACKING#



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