

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SE	CTION ON DELIVERY
 Complete items 1, 2, and 3. Also comitem 4 if Restricted Delivery is desired Print your name and address on the reso that we can return the card to you. Attach this card to the back of the major on the front if space permits. 	everse B. Positived by (Print)	1/Cen 4-26-07
1. Article Addressed to:	D. Is delivery address of if YES, enter delive	
Kansas City Power & Light Company Legal Department 1201 Walnut		
P.O. Box 418679 Kansas City, MO 64141	3. Service Type	
Kansas City, MO 04 (4)	Certified Mail Registered Insured Mail	☐ Express Mail ☐ Return Receipt for Merchandis ☐ C.O.D.
	4. Restricted Delivery	/? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7,004 1350 0003 13	351 6667
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-15