LIMITED	STATES	POSTAL	SERVICE
UNITED	SIAIES	L OO INT	DERVICE



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MO Public Service Commission

Data Center

P.O. Box 360

Jefferson City, MO 65102-0360

FILED

	<u> </u>	3109
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
 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. 	A. Signature	☐ Agent ☐ Addressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name)	Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
		ഹന്ന
Aqua Missouri, Inc.	MAR 2 5 2009	
Legal Dept. P.O. Box 7017 Jefferson City, MO 665102	3. Service Type **Description** Certified Mail	ot for Merchandise
	☐ Insured Mail ☐ C.O.D.	
	4. Restricted Delivery? (Extra Fee)	☐ Yes
2. Article Number (Transfer from service label) 7007 07	'10 0002 2048 0523	
PS Form 3811 February 2004 Domestic Ret	um Receipt	102505 02 14 1540