

FILED<sup>5</sup>

AUG 30 2019

Missouri Public  
Service Commission

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.

Evan L. Tripp  
Registered Agent  
2001 W. Jesse James Rd.  
Excelsior Springs, MO 64024



9590 9403 0422 5163 8701 20

2. Article Number (Transfer from service label)

7017 3040 0000 1345 3549

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☒ Addressee

B. Received by (Printed Name)

S. Jamerson

C. Date of Delivery

8/23

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

☐ Yes

☒ No

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery  
(over \$500)

☐ Priority Mail Express®

☐ Registered Mail™

☐ Registered Mail Restricted  
Delivery

☐ Return Receipt for  
Merchandise

☐ Signature Confirmation™

☐ Signature Confirmation  
Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

23 AUG '19

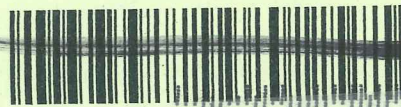
PH 6 L

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

USPS TRACKING#



9590 9403 0422 5163 8701 20