

FILED

MAY 19 2015

Missouri Public
Service Commission

SC-15-0292, WC-15-0291 5-7

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.	A. Signature x Mary Randolph ☐ Agent ☐ Addressee B. Received by (Printed Name) M Randolph C. Date of Delivery 5/14/15 D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
1. Article Addressed to: TUK LLC Legal Department 5305 Caroline Dr. # 250 High Ridge, MO 63049	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
2. Article Number (Transfer from service label) 7012 2920 0002 0666 3989	4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE

NO 033
14 MAY '15



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

PM 5 L

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

RECEIVED

MAY 18 2015

MO PUBLIC SERVICE COMMISSION
COMMISSION COUNSEL
PO BOX 360
JEFFERSON CITY, MO 65102-0360

