FILED[2]

JUL 11 2019

Missouri Public
Service Commission

SC-2020-0002 7/2/2019

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.

1.

Mark Geisinger
P.O. Box 528
Kearney, MO 64060

9590 9403 0422 5163 8702 05

2. Article Number *(Transfer from service label)*
7017 3040 0000 1345 3426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Wilson ☒ Agent ☐ Addressee

B. Received by *(Printed Name)* Wilson C. Date of Delivery
KEARNEY MO
JUL 05 2019
64060

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

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

KANSAS CITY
05 JUL '19
PM 3L

UNITED STATES POSTAL SERVICE

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 8702 05