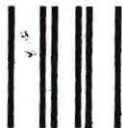
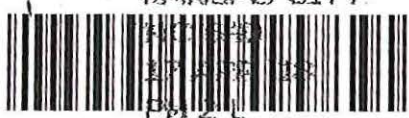



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APR 26 2018

Missouri Public
Service Commission

USPS TRACKING# KANSAS CITY			<div>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</div>
			
9590 9402 1289 5285 2786 63			
United States Postal Service	• 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		
-036060 			

7C-18-282 4-10-18	
SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none">■ 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.	
PhoneHost Communications, LLC Legal Department 1600 Genessee, Suite 832 Kansas City, MO 64102	
 9590 9402 1289 5285 2786 70	
COMPLETE THIS SECTION ON DELIVERY	
A. Signature 	
B. Received by (Printed Name) Janet Blauvelt	
C. Date of Delivery 4/13	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type	
<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7017 3040 0000 1345 2528	
PS Form 3811, July 2015 PSN 7530-02-000-9053	
Domestic Return Receipt	