

# FILED<sup>2</sup>

NOV 27 2018

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.

1.

CT-Corporation System  
120 South Central Avenue  
Clayton, MO 64105



9590 9402 3592 7305 8664 42

2. Article Number (Transfer from service label)

7017 3040 0000 1345 2887

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

TC-209-0141 11-14-18

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *L. Walters* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

*L. Walters* C. Date of Delivery *11-12-18*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input checked="" type="checkbox"/> Certified Mail®                    | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

Domestic Return Receipt

USPS TRACKING#



9590 9402 3592 7305 8664 42

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

United States  
Postal Service

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

Missouri Public Service Commission  
Data Center  
P.O. Box 360  
Jefferson City, MO 65102-0360

