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 WE PUBLIC SERVICE COMMISSION P.O BOX 360 REFERSON CITY, MO 65102 5102+0360

| SENDER: COMPLETE THIS SECTION | WC-2005-0493 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 Agent Addressee B. Received by (Panted Name) C. Date of Delivery |
| Article Addressed to: | D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No |
| Swiss Villa Utilities, Inc. Legal Department P.O. Box 168 | See Collins IN See |
| Kimberling, MO 65686 | 3. Service Type Discretified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) 7003 | 3110 0004 0200 7020 |
| PS Form 3811, August 2001 Domestic Re | eturn Receipt 102595-02-M-1540 |