FILED

MAY 19 2015

Missouri Public
Service Commission

WC-2015-0290 5/7/15

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Mike Stoner
Mike Stoner
18499 Highway 133
P.O. Box KK
Dixon, MO 65459

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Denise Stoner ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Stoner C. Date of Delivery

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

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Numbe (Transfer from 7012 2920 0002 0666 3958

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

UNITED STATES POSTAL SERVICE SPRINGFIELD MO 656
13 MAY 2015 PM 1

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

• 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

RECEIVED
MAY 18 2015
COMMISSION COUNSEL
PUBLIC SERVICE COMMISSION