FILED

FEB 23 2016

Missouri Public
Service Commission

WC-2016-0201 2/3/16

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
Registered Agent
c/o CT Corporation System
120 South Central Ave.
Clayton, MO 63105

9590 9403 0423 5163 1952 84

2. Article Number *(Transfer from service label)*
7012 2920 0002 0666 5426

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mrctal Enderle ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* M. ENDERLE
C. Date of Delivery 2/8/16

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

UNITED STATES POSTAL SERVICE

13 FEB '16

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

Missouri Public Service Commission
Data Center
PO Box 360
Jefferson City, MO 65102-0360

OX•

USPS TRACKING#

9590 9403 0423 5163 1952 84