

FILED<sup>3</sup>

OCT 23 2013

WC-2014-0101 10/17/13

**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:

Port Perry Service Company  
Legal Department  
728 PCR 724  
PO Box 43  
Perryville, MO 63775

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Thomas E. Gibbard*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

Thomas E. Gibbard

C. Date of Delivery

10/21/13

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 Number  
(Transfer from)

7008 2810 0001 2932 8942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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 •

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

