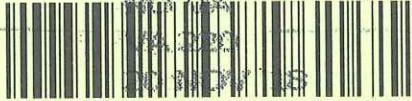


FILED²

NOV 29 2018

Missouri Public Service Commission

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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.		TC-2019-0141 11-14-18	
1. Article Addressed to:		A. Signature X <i>Karen M. Hyde</i>	☐ Agent ☐ Addressee
Karen M. Hyde 1420 Spring Hills Rd., Ste. 400 McLean, VA. 22102		B. Received by (Printed Name)	C. Date of Delivery
 9590 9402 3592 7305 8664 59		D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
3. Service Type		☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	
7017 3040 0000 1345 2870		☐ Return Receipt for Merchandise ☐ Signature Confirmation™ ☐ Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

USPS TRACKING #	
 9590 9402 3592 7305 8664 59	
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	