

**FILED**

**AUG 25 2023**

**Missouri Public  
Service Commission**

WO-2024-0030 8/16/23

**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. *A*

Leon Travis Blevins  
24410 Tigger Lane  
St. Robert, MO 65584



9590 9402 4158 8092 8803 97

2. Article Number (Transfer from service label)

7019 0700 0000 9367 3846

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Amanda Pecker*

- Agent
- Addressee

B. Received by (Printed Name)

*Amanda Pecker*

C. Date of Delivery

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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 4158 8092 8803 97

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

**United States  
Postal Service**

• 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

