

**FILED**

AUG 25 2023

Missouri Public  
Service Commission

WJ0-2024-0036 8116123

**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. Article Addressed to:

Patricia Blevins  
24410 Tigger Lane  
St. Robert, MO 65584



9590 9402 4158 8092 8804 03

2. Article Number (Transfer from service label)

7019 0700 0000 9367 3853

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Amanda Recker*

- Agent
- Addressee

B. Received by (Printed Name)

*Amanda Recker*

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 4158 8092 8804 03

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

