

# FILED

AUG 25 2023

Missouri Public Service Commission

8/17/23 WO-2024-0036

**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.

Patricia Blevins  
24410 Tigger Lane  
St. Robert, MO 65584



9590 9402 4158 8092 8804 34

2. Article Number (Transfer from service label)

7019 0700 0000 9367 3860

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

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 *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<sup>®</sup>
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express<sup>®</sup>
  - Registered Mail<sup>™</sup>
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation<sup>™</sup>
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #

SPRINGFIELD MO 658

21 AUG 2023 B L

9590 9402 4158 8092 8804 34

United States Postal Service

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

• Sender: Please print your name, address, and ZIP+4<sup>®</sup> in this box<sup>®</sup>

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

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