

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.

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



9590 9402 4158 8092 8804 27

2. Article Number (Transfer from service label)
7019 0700 0000 9367 3891

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

8/17/23 WO-2024-0036

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Amanda Rector* Agent
 Addressee

B. Received by (Printed Name)
Amanda Rector

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

FILED

AUG 25 2023

Missouri Public Service Commission

USPS TRACKING#



9590 9402 4158 8092 8804 27

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

