FEB 1 3, 2014

(Transfer from service label)
PS Form 3811, February 2004

WC-13-0468 Misseuri Service Complete This section Service Complete Items 1, 2, and 3. Also complete COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent item 4 if Restricted Delivery is desired. Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, 2-10-14 or on the front if space permits. ☐ Yes D, Is delivery address different from Item 1? 1. Article Addressed to: If YES, enter delivery address below: Western District Court of Appeal 1300 Oak Street Kansas City, MO 64106-2970 ☐ Express Mall ☐ Return Receipt for Merchandise be ☐ C.O.D. **/**lall 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 2920 0002 0666 7765

| | The state of the s |
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| Sender | Please print your name, address, and ZIP+4 in this box • |
| | Missouri Public Service Commission |
| | Data Center |
| | P.O. Box 360 |
| | Jefferson City, MO 65102-0360 |
| | |

Domestic Return Receipt

102595-02-M-1540