USPS TRACKING#

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

9590 9402 9592 7305 8674 56

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AUG 1 2018

Missouri Public Service Commission 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

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	WR-2017-0285 7/18/18
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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. 	A. Signature A. Signature A. Agent A. Addressee B. Received by (Printed Name) C. Date of Delivery 7-20-
Eastern District Court of Appeals One Post Office Square 815 Olive Street, Room 304 St. Louis, MO 63101	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
9590 9402 3592 7305 8674 56 2. Article Number (Transfer from service label) 7017 3040 0000 1345 2696	3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) □ Priority Mail Express® □ Registered Mail™ □ Registered Mail™ □ Registered Mail Testricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation □ Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt