

WR-2016-0004 8/15/16

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *S. Lord* Agent
 Addressee

B. Received by (Printed Name) *S. Lord* C. Date of Delivery *8/17/16*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

FILED

AUG 19 2016

Missouri Public Service Commission

Western District Court of Appeals
 1300 Oak Street
 Kansas City, MO 64106-2970



9590 9403 0423 5163 1950 62

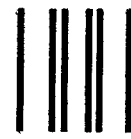
2. Article Number (Transfer from service label)
 7012 2920 0002 0666 4764

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

Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt

UNITED STATES POSTAL SERVICE
 KANSAS CITY
 MO 640
 17 AUG '16



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

• Missouri Public Service Commission
 Data Center
 PO Box 360
 Jefferson City, MO 65102-0360

USPS TRACKING#



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