## $\begin{bmatrix} 1 & 1 & 1 \end{bmatrix}^3$

FEB 14 2019

Missouri Public Service Commission



## WR2018-0170 2-7-2019 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, C. Date of Delivery or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? Yes If YES, enter delivery address below: Western District Court of Appeals Court Clerk 1300 Oak Street Kansas City, MO 64106-2970 ☐ Priority Mail Express® ☐ Registered Mail™ Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise 9590 9402 3592 7305 8666 19 Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery Restricted Delivery 7017 3040 0000 1345 308 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt