

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  ☐ Agent ☐ Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____	
Missouri-American Water Company Legal Department 727 Craig Road St. Louis, MO 63141		Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9403 0422 5163 8703 73		3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Adult Signature Restricted Delivery ☐ Registered Mail Restricted Delivery ☒ Certified Mail® ☐ Return Receipt for Merchandise ☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™ ☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)	
2. Article Number (Transfer from service label) 7017 3040 0000 1345 3792		Domestic Return Receipt	
PS Form 3811, April 2015 PSN 7530-02-000-9053			

FILED³

JAN 8 2020

Missouri Public
Service Commission

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27 DEC 2019 PND1		MO Public Service Commission Data Center P.O. Box 360 Jefferson City, MO 65102-0360	
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