

SENDER: COMPLETE THIS SECTIO						
<ul> <li>Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desire</li> <li>Print your name and address on the so that we can return the card to you</li> <li>Attach this card to the back of the mor on the front if space permits.</li> </ul>	d. reverse u.		red by (Prin	Na		Agent Addressee Date of Delivery
<ol> <li>Article Addressed to:</li> <li>Joshua Harden-General Counse</li> </ol>	al	If YES		2014		□ No
Missouri Public Service Commission 200 Madison St., P.O. Box 360 Jefferson City, MO 65102		3. 9 Type Control (SA) (Control Agentic Agent				
		4. Restri	cted Deliver	y? (Extra Fe	e)	□ Yes
2. Article Number (Transfer from service label) 70	75 5450	2000	0666	7925		
PS Form 3811, February 2004	Domestic Ret	um Receipt				102595-02-M-154