

WC-2020-0008 10/1/2019

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.

1.

LaVada Deffenderfer Cottrill
1770 N. Deffer Dr., Ste. 4
Nixa, Missouri 65714



9590 9403 0422 5163 8704 89

2. Article Number (Transfer from service label)

7017 3040 0000 1345 3709

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *W. Deffenderfer* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Wyatt Deffenderfer 10-4

C. Date of Delivery

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

3. Service Type

- | | |
|--|---|
| ☐ Adult Signature | ☐ Priority Mail Express® |
| ☐ Adult Signature Restricted Delivery | ☐ Registered Mail™ |
| ☒ Certified Mail® | ☐ Registered Mail Restricted Delivery |
| ☐ Certified Mail Restricted Delivery | ☐ Return Receipt for Merchandise |
| ☐ Collect on Delivery | ☐ Signature Confirmation™ |
| ☐ Collect on Delivery Restricted Delivery | ☐ Signature Confirmation Restricted Delivery |
| ☐ Insured Mail | |
| ☐ Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

FILED³

OCT 9 2019

Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE

OCT 19

PM 2 L



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

• 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

USPS TRACKING#



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