

FILED³

JAN 26 2021

Missouri Public Service Commission

WC20210223 1-14-21

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 Agent
 Addressee
 X SM C19

B. Received by (Printed Name) C. Date of Delivery
 SM C19 1-19

any address different from item 1? Yes
 enter delivery address below: No

Carl R. Mills Water Service d/b/a Carl Richard Mills
 209 Falling Leaf Court
 Reeds Springs, MO 65737



9590 9403 0422 5163 8716 77

2. Article Number (Transfer from service label)
 7017 3040 0000 1345 4362

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

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

Domestic Return Receipt

UNITED STATES POSTAL SERVICE
SPRINGFIELD MO 658

19 JAN 2021 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#



9590 9403 0422 5163 8716 77