

FILED

APR 20 2023

Missouri Public Service Commission

WC-2023-0353 4/14/2023

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. Article Addressed to:

Charity PWS
 203 North Clay St.
 P.O. Box 615
 Marshfield, MO 65706



9590 9402 4158 8092 8817 83

2. Article Number (Transfer from service label)

7017 3040 0000 1345 4904

PS Form 3811, July 2015 PSN 7630-02-000-9053

COMPLETE THIS SECTION

A. Signature

X Tom Ward

- Agent
- Addressee

B. Received by (Printed Name)

TOM WARD

C. Date of Delivery

4/14/23

D. Is delivery address different from...
If YES, enter delivery address below

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

Domestic Return Receipt

USPS TRACKING#



9590 9402 4158 8092 8817 83

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

United States Postal Service

• 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

