

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:

Travis Blevins
 15405 Texas Rd.
 P.O. Box 882
 St. Robert, MO 65584



9590 9402 4158 8092 8816 08

2. Article Number (Transfer from service label)
 7017 3040 0000 1345 4935

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)
 LEON T. BLEVINS

C. Date of Delivery
 4-18-23

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

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 8816 08

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

