DEC 1 3 2018

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.

Missouri Public Rex Deffenderfer Enterprises, Inc. Service Commission 1770 N. Deffer Dr. Sto. 4

|--|--|--|

9590 9402 3592 7305 8665 27

2. Article Number (Transfer from service label)

7017 3040 0000 1345 2993

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

72/7/2018 WC-2019-0169

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent Agent ☐ Addresse

att Deffenderfer

C. Date of Delivery

D. Is delivery address different from item 1? 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#



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

9590 9402 15 12 7305 8665 27

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