. . . EC-2015-0309 JULIS COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature FILE Complete items 1, 2, and 3. Also complete Agent item 4 if Restricted Delivery is desired. Х Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, MAY 29 2015 \overline{c} or on the front if space permits. I Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: Missouri Public Service Commission Kansas City Power & Light Comany Legal Department One Kansas City Place, 1200 Main Street PO Box 418679 3. Service Type Kansas City, MO 64105 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail 🗖 C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7015 5950 0005 0666 4009 (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 UNITED STATES POSTAL **First-Class Mail** Postage & Fees Paid 110 640 USPS 26 MAY '15 Permit No. G-10 PM 61 Sender: Please print your name, address, and ZIP+4 in this box Missouri Public Service Commission Data Center P.O. Box 360 Jefferson City, MO 65102-0360