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Missouri Public EC-2015-0204 2/22/15 Service SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. very address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: FEB 26 2015 Kansas City Power & Light Company Department Legal PO Box 418679 One Kansas City Place, 1200 Main Street Service Type Gertified Mail Kansas City MO 64105 QExpress Mail Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7012 2920 0002 0666 3798 (Transfer from s PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 UNITED STATES POSTAL SERVICE 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