FEB 1 1 2016

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:

Missouri Public service Commission

Western District Court of Appeals 1300 Oak Street Kansas Ci MO 64106-2970

2. Article Number (Transfer from service label) 7012 2920 0002 0666 5433

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

COMPLETE THIS SECTION ON DELIVERY

∠□ Addressee Date of Delivery

D. Is delivery address different from item 1?

- Service Type
- ☐ Adult Signature ☐ Adult Signature Restricted Delivery
- S Certified Mail®

 Gertified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®

- □ Priority Mail Express®
 □ Registered Mail™
 □ Registered Mail Restricted Delivery
 □ Return Receipt for Merchandise
 □ Signature Confirmation™
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Domestic Return Receipt

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