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EC-2018-0102 11/13/17 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: Kansas City Power & Light Company Attn: In-House Attorney Representative P.O. Box 418679 One Kasas City Place 1200 Main Street Kansas City, MO 64105 3. Service Type ☐ Priority Mail Express® Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ □ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery 9590 9402 1289 5285 2787 62 ☐ Collect on Delivery 2. Article Number (Transfer from service label) ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery ☐ Insured Mall 7012/2920 0002 0666 4665 Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 **Domestic Return Receipt**