

EC-2015-0309 5/21/15

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

A. Signature

X *Shelley Lewis*☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

1. Article Addressed to:

CSC-Lawyers Incorporating Service Company
Registered Agent:
KCP&L Greater Missouri Operations Company
221 Bolivar Street
Jefferson City, MO 65101

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7012 2920 0002 0666 4030

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

MISSOURI PUBLIC SERVICE COMMISSION

MO 652 2 7

26 MAY 2015 PM

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

- 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

FILED

MAY 28 2015

Missouri Public
Service Commission