EC	-2012-020	a 1/4	/12
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SEC		
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.	A. Signature  X  B. Received by (Print)	od Name)	Agent Addressee C. Date of Delivery
or on the front if space permits.	D. Is delivery address different from Item 1?		
1. Article Addressed to:	* YES, enter delive	ry addresa belov	v. □ wo
Kansas City Power & Light Company Legal Department		JAN 08 2	012
One Kansas City Place, 1200 Main Street			
PO Box 418679	ervice Type		
Kansas City, MO 64105	2 Cortiflet Mail  1 Registered 1 Insured Mail	☐ Express Ma ☐ Return Rece ☐ C.O.D.	I sipt for Merchandise
	4. Restricted Delivery	? (Extre Fee)	□ Yes
2. Article Number (Transfer from service label) 7008 2810 0001 2932 9406			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-N-1540			
United States Postal Service		First-Class Postage & USPS Permit No.	Fees Paid
Sender: Please print your name, address, and ZIP+4 in this box •			
MO Public Service Come Data Center P.O. Box 360 Jefferson City, MO 6510			
 01/07 հիտիսուհոնա	մակկրդիկիրդը -	վիլերկել	hala

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