

FILED³

FEB 18 2015

EC-15-0185 2-16-15

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

KCP&L Greater Missouri
Operations Company
Legal Department
1200 Main Street, 16th Floor
P.O. Box 418679
Kansas City, MO 64105-9679

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Kirby Wilson*

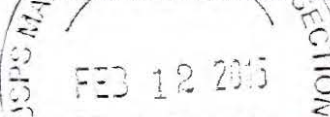
- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Kirby Wilson

C. Date of Delivery

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



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)

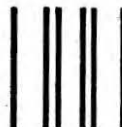
7012 2920 0002 0666 8304

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE
KANSAS CITY
MO 641
13 FEB '15
PM 4 L



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