

FILED³

AUG 20 2015

Missouri Public Service Commission

EA-14-207 Notice of Appeal 8/2

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:

Eastern District Court of Appeals
 One Post Office Square
 815 Olive Street, Room 304
 St. Louis, MO 63101

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
[Signature]

B. Received by (.Printed Name) Agent
 Addressee
DENISE DYSON

C. Date of Delivery
8-17-15

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 5044

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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First-Class Mail
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• Sender: Please print your name, address, and ZIP+4 in this box •

Missouri Public Service Commission
 Data Center
 PO Box 360
 Jefferson City, MO 65102-0360

