FILED[2]

NOV 2 2018

Missouri Public
Service Commission

10/25/2018 EC-2019-0109

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Nord ☐ Agent ☐ Addressee

B. Received by (Printed Name) Mary Nord C. Date of Delivery 10/29/18

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

Kansas City Power & Light Company
Attn: Legal Representative
1200 Main Street, 16th Floor
Kansas City, MO 64105-9679

9590 9402 3592 7305 8667 94

2. Article Number (Transfer from service label)
7017 3040 0000 1345 2825

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

USPS TRACKING#

9590 9402 3592 7305 8667 94

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

United States
Postal Service

* 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