

EC 2020-0079 1-14-20

**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.

Unice Harris  
4612 NE Whispering Winds Apt B  
Lees Summit, MO 64064



9590 9403 0422 5163 8703 35

**2. Article Number (Transfer from service label)**

7017 3040 0000 1345 3839

PS Form 3811, April 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

*[Signature]*

- ☐ Agent
- ☐ Addressee

**B. Received by (Printed Name)**

*[Signature]*

**C. Date of Delivery**

*[Signature]*

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

**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

Domestic Return Receipt

**FILED<sup>3</sup>**

**JAN 29 2020**

**Missouri Public  
Service Commission**

UNITED STATES POSTAL SERVICE

NO 640

15 JAN 20

PSN 61



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

USPS TRACKING#



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