- 14	EC-2020-0079	9/19/19
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON E	DELIVERY
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> Kansas City Power & Light Compan	A. Signature  X  B. Received by (Printed Name)  D. Is delivery address different from If YES, enter delivery address by	Agent  Addressee  C. Date of Delivery  7-73-/2  nitem 1? Yes  pelow: No
Attn: Legal Representative 1200 Main Street, 16th Floor Kansas City, MO 64105-9679		
9590 9403 0422 5163 8701 82  2. Article Number ( <i>Transfer from service label</i> )  7017 3040 0000 1345 3655	3. Service Type  Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery Collect on 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, April 2015 PSN 7530-02-000-9053		Domestic Return Receipt

OCT 2 2019

Missouri Public Service Commission

