FILED[3]

DEC 23 2014

Missouri Public Service Commission

GC-2015-0143 12/17/14

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:

Laclede Gas Company
Legal Department
720 Olive Street
St. Louis, MO 63101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Denise Sauer ☐ Agent ☐ Addressee

B. Received by (Printed Name) Denise Sauer | C. Date of Delivery 12-19-14

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 se) 7012 2920 0002 0666 8212

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

UNITED STATES POSTAL SERVICE
SAINT LOUIS MO
19 DEC 2014 PM 1

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