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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

Libertelen IIII and illem Hellen Hellen III :i_:

	wc-2008-0350 4//	29/08
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIV	ERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	erse X JULLE B. Received by (Printed Name)	☐ Agent☐ Addressee☐ Date of Delivery☐ Yes
1. Article Addressed to: Missouri-American	17 VESS, either delivery address below	: 🗆 No
Legal Department 727 Craig Road St. Louis, MO 63141	Service Type Certified Mail	pt for Merchandise
·	4. Restricted Delivery? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	לפסם סגלם לססי כנלם לססי	====
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540