FILED

NOV 24 2014

Missouri Public Service Commission

11-17-15 WC-15-0124

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:

TUK, L.L.C.
Legal Department
5305 Caroline Dr. #250
High Ridge, MO 63049

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Nichole Hurt ☐ Agent ☐ Addressee

B. Received by (*Printed Name*) Nichole Hurt C. Date of Delivery 11/20/14

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 service label*) 7012 2920 0002 0666 8168

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

UNITED STATES POSTAL SERVICE
ST LOUIS
20 NOV '14
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 •

Missouri Public Service Commission
Data Center
P.O. Box 360
Jefferson City, MO 65102-0360