

**FILED**

**FEB 25 2014**

**Missouri Public  
Service Commission**

**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:

Missouri Western District Court of Appeals  
1300 Oak Street  
Kansas City, MO 64106-2970

2. Article Number  
(Transfer from service label)

7012 2920 0002 0666 7833

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Rocky Ball* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

*Rocky Ball* C. Date of Delivery

2-18-14  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

☐ Insured Mail ☐ Express Mail  
☐ Return Receipt for Merchandise  
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE



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