

EC-2024-0085

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
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OFFICIAL USE	
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Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postage	\$ _____
Total	\$ _____
Street	Evergy Missouri West
City	Legal Department
State	P.O. Box 418679
Zip	One Kansas City Place, 1200 Main Street
City	Kansas City, Missouri 64105
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	

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