

EC-2024-0073 9/13/23

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Every Missouri West
 Legal Department
 P.O. Box 418679
 One Kansas City Place, 1200 Main Street
 Kansas City, Missouri 64105



9590 9402 5102 9092 5762 19

2. Article Number (Transfer from service label)

7019 0700 0000 9367 4003

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *C. Bruce*

- Agent
- Addressee

B. Received by (Printed Name)

C. Bruce

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

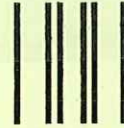
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING #



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First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

**United States
Postal Service**

• 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

