

EC-2024-0078 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 64

2. Article Number (Transfer from service label)

7019 0700 0000 9367 4058

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

Chay Briscoe

C. Date of Delivery

9/15/23

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

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

Domestic Return Receipt

**USPS TRACKING#**  
 KANSAS CITY 64105  
 9590 9402 5102 9092 5762 64

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