



EC-2023-0115 9/29/23

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Evergy Missouri West Legal Department P.O. Box 418679 One Kansas City Place, 1200 Main Street Kansas City, Missouri 64105	B. Received by (Printed Name) C. Date of Delivery BRISCOE 10/2/23	
 9590 9402 5102 9092 5764 86	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7017 3040 0000 1345 4966	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

USPS TRACKING #


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