EC-2024-0064 9/13/23 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. □ Agent ■ Print your name and address on the reverse X ☐ Addressee so that we can return the card to you. Date of Delivery (Printed Name) B. Received Attach this card to the back of the mailpiece, > RISCO & or on the front if space permits. D. Is delivery address different from item 1? / Yes 1. Article Addressed to: If YES, enter delivery address below: ☐ No Evergy Missouri West Legal Department P.O. Box 418679 1200 Main Street Kansas City, Missouri 64105 ☐ Priority Mail Express® Service Type □ Pronty Mail Expresso □ Registered Mail™ □ Registered Mail Restricted □ Pelivery □ Return Receipt for □ Merchandise □ Signature Confirmation™ ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® ☐ Certified Mail Restricted Delivery Collect on Delivery Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7019 0700 0000 9367 3914 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

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