EC-2024-0091 9/13/23 COMPLETE THIS SECTION ON DELIVERY **FILED** SENDER: COMPLETE THIS SECTION October 13, 2023 A. Signature . Data Center Complete items 1, 2, and 3. Agent Print your name and address on the reverse Addressee **Missouri Public** X so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Service Commission Attach this card to the back of the mailpiece, : or on the front if space permits. from item 1? □ Yes PSE UTTO D. Is deliv Idag 1. Article Addressed to: D No below: If YE Evergy Missouri West Legal Department P.O. Box 418679 DCT 0 4 2023 One Kansas City Place, 1200 Main Street Kansas City, Missouri 64105 ó Proprity Mail Express® Sregistered Mail™ Registered Mail Restricted Delivery □ Return Receipt for Merchandise rvide Type 3. Adult Signature
Adult Signature Certified Mail & Orieted Delivery 9590 9402 5102 9092 5763 94 Merchandise □ Signature Confirmation™ Collect on Delivery Restricted Delivery Signature Confirmation 2. Article Number (Transfer from service label) Insured Mail
Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7019 0700 0000 9367 4188 **Domestic Return Receipt** PS Form 3811, July 2015 PSN 7530-02-000-9053 **USPS TRACKING#** First-Class Mail Postage & Fees Paid USPS Permit No. G-10 9590 9402 5102 9092 5763 94 Sender: Please print your name, address, and ZIP+4[®] in this box **United States Postal Service** MO Public Service Commission Data Center P.O. Box 360 • : Jefferson City, MO 65102-0360

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