## EC 2024-0089 9/13/23 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Yes D. Is delivery address different from item 1?, If YES, enter delivery address below: Evergy Missouri West Legal Department P.O. Box 418679 One Kansas City Place, 1200 Main Street Kansas City, Missouri 64105 Service Type ☐ Priority Mail Express® □ Registered Mail™ □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® 9590 9402 5102 9092 5763 70 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 7019 0700 0000 9367 Restricted Delivery 4164

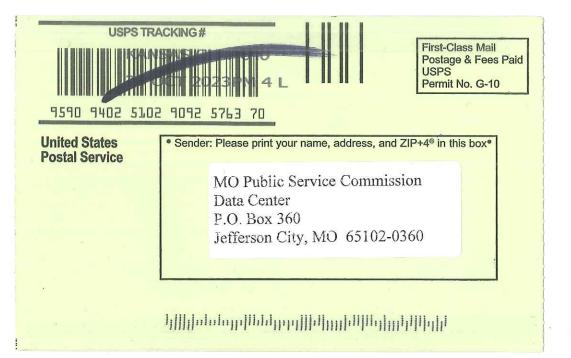
PS Form 3811, July 2015 PSN 7530-02-000-9053

**FILED** 

October 31, 2023 Data Center

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