

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.

Shire Missouri, Inc.  
Legal Department  
700 Market Street, 6th Floor  
St. Louis MO 63101



9590 9402 5102 9092 5767 07

2. Article Number (Transfer from service label)

7019 0700 0000 9367 4362

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

4/16/2024

GC-2024-0303

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X SPINA

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Domestic Return

USPS TRACKING #



9590 9402 5102 9092 5767 07

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

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

76060

