


GC-2024-0314 5/1/24

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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
 X  Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9403 0422 5163 8718 75

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

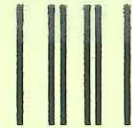
2. Article Number (Transfer from service label)
 7017 3040 0000 1345 4065

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

Domestic Return Receipt

FILED
 MAY 9 2024
 Missouri Public Service Commission

UNITED STATES POSTAL SERVICE



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

• 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

USPS TRACKING#



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