

FILED

MAY 15 2024

Missouri Public Service Commission

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 mail piece, or on the front if space permits.

Every Metro, Inc.
 One Kansas City Place
 1200 Main Street
 P.O. Box 418679
 Kansas City, MO 64105



9590 9403 0422 5163 8718 99

2. Article Number (Transfer from service label)

7017 3040 0000 1345 4034

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

EC-2024-0313 4/24/24

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

WILLIE VAUGHN

C. Date of Delivery

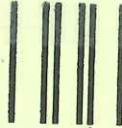
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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 Receipt

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

RECEIVED

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MO PUBLIC SERVICE COMMISSION
MAIL ROOM

USPS TRACKING#



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