

JUN 1 2 2024

Missouri Public Service Commission

| Section 1 | EC-2024-0364 | 6 14 184 |
|--|--|---|
| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON D | |
| ■ 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. | B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address by | Agent Addressee C. Date of Delivery item 1? Yes pelow: No |
| Fields & Brown, LLC 300 East 39th Street, Suite 1P Kansas City, MO 64111 | | |
| 9590 9403 0422 5163 8720 18 | 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 | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery |
| 7017 3040 0000 1345 4126 | ☐ Insured Mail Restricted Delivery | Domestic Return Receipt |
| PS Form 3811, April 2015 PSN 7530-02-000-9053 | a a | Dollloone Helicity |

