

FILED

JUL 9 2024

Missouri Public Service Commission

7-1-24

GC-2024-0374

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.

1.

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



9590 9403 0422 5163 8719 81

2. Article Number (Transfer from service label)

7017 3040 0000 1345 4164

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Spire Addressee

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

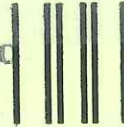
D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

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

Domestic Return Receipt

UNITED STATES POSTAL SERVICE
SAINT LOUIS MO 630
5 JUL 2024 PM 6 L



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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