

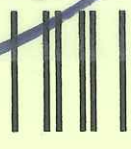


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Missouri Public
Service Commission

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>3/21/2025 WL-2025-0254</p>	
1. Article Addressed to:		A. Signature X <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
Missouri-American Water Company Legal Department 727 Craig Road St. Louis MO 63141		B. Received by (Printed Name) <i>D Blackwood</i>	C. Date of Delivery <i>3-26-25</i>
2. Article Number (Transfer from service label) 7019 0700 0000 9367 5000		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 5102 9092 5769 43		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

USPS TRACKING#	
 9590 9402 5102 9092 5769 43	
United States Postal Service	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
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MO Public Service Commission Data Center P.O. Box 360 Jefferson City, MO 65102-0360	
