Missouri Fusion Attach this card to the back of the mailpiece, or on the front if space permits

COENTRIE PURA	*/ a)
E STATE OF THE STA	MPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse

Liberty Utilities LLC 602 S Joplin Avenue P.O. Box 127 Jopling MO 64801



2 Article Number (Transfer from service label)

7019 0700 0000 9367 4997

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

6-23-25

WC-2025-0334

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent

B. Received by (Printed Name)

☐ Addressee Date of Delivery

Ectar ENE

☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: -02

- 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)
- ☐ Signature Confirmation™
 - ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise

USPS TRACKING#



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

9590 9402 5102 9092 5770 25

United States Postal Service 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

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