

JUL 2 8 2025

Missouri Public Service Commission

7-11-25 WC-2026-0013 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ Complete items 1, 2, and 3. Agent

Addressee ■ Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 7/22/25 DBlackwood or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No Missouri-American-Water Company. 727 Craig Road St. Louis, Missouri 63141 3. Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ □ Registered Mail Restricted Delivery
□ Return Receipt for Merchandise
□ Signature Confirmation™ ☐ Adult Signature Restricted Delivery ☐ Certified Mail® 9590 9402 5102 9092 5770 49 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Signature Confirmation ☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7019 0700 0000 9367 4980 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt



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

9590 9402 5102 9092 5770 49

United States
Postal Service

Sender: Please print your name, address, and ZIP+4® in this box

MO Public Service Comr Data Center P.O. Box 360 Jefferson City, MO 65102-0360

2-036060