

FILED

DEC 29 2025

Missouri Public
Service Commission

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.

Dean Cooper
312 East Capitol
P.O. Box 456
Jefferson City, MO 65102



9590 9402 4158 8092 8806 01

2. Article Number (Transfer from service label)

7019 0700 0000 9367 4881

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

12/16/25 EC-2026-0150
COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Yes
 No

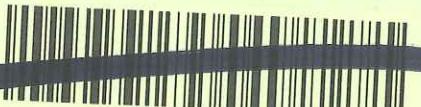
DEC 22 2025

3. Service Type

- Adult Signature
- Priority Mail Express®
- Adult Signature Restricted Delivery
- Registered Mail™
- Certified Mail®
- Registered Mail Restricted Delivery
- Certified Mail Restricted Delivery
- Return Receipt for Merchandise
- Collect on Delivery
- Signature Confirmation™
- Collect on Delivery Restricted Delivery
- Signature Confirmation Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt

USPS TRACKING #



9590 9402 4158 8092 8806 01

United States
Postal Service

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