

GC-2026-0242 3/19/26

FILED

MAR 31 2026

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. /

Spire Missouri, Inc.  
 ATTN: Legal Department  
 700 Market Street, 6th Floor  
 St. Louis, MO 63101



9590 9402 5102 9092 5772 23

2. Article Number (Transfer from service label)  
 7019 0700 0000 9367 4621

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X  Agent  
 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, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 5102 9092 5772 23



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

9590 9402 5102 9092 5772 23

• 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

•••••