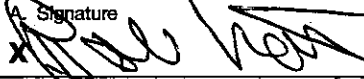


EB-2012-0174 2/28/13

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

A. Signature  Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 3-4-2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

1. Article Addressed to:

Western District Court of Appeals
 1300 Oak Street
 Kansas City, MO 64106-2970

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service tag) 7008 2810 0001 2932 8744

PS Form 3811, February 2004

Domestic Return Receipt

10255-02-1-1-40

FILED³

MAR 07 2013

Missouri Public Service Commission

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

