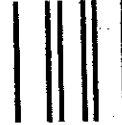


FILED

NOV 13 2015

Missouri Public Service Commission

UNITED STATES POSTAL SERVICE



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

Missouri Public Service Commission
Data Center
PO Box 360
Jefferson City, MO 65102-0360

Box*

USPS TRACKING#



9590 9403 0423 5163 1954 51

ER-2014-0370 11/4/15

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.

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



9590 9403 0423 5163 1954 51

Article Number (Transfer from mailpiece)
7012 2920 0002 0666 5242

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brenda Kelly* Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

11/6/15

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |