

EC-2027-00510 9/25/26

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
Evergy Missouri West
Roger Steing
P.O. Box 418679
1200 Main Street, 16th Floor
Kansas City, Missouri 64105



9590 9402 4158 8092 8805 64

2. Article Number (Transfer from service label)

7019 0700 0000 6004 7540

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Briscoe

C. Date of Delivery

10/28/26

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

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) | |

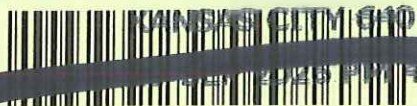
FILED

OCT 2 2026

Missouri Public
Service Commission

Domestic Return Receipt

USPS TRACKING #



9590 9402 4158 8092 8805 64

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

**United States
Postal Service**

• 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

