| United States | Postal | SERVICE |
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First-Class Mail Postage & Fees Paid USPS Permit No. G-10

102595-02-M-1540

• 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

| Course | 1121111 EK-2011-0028 |
|--|---|
| 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 mallpiece, or on the front if space permits. | A Signature X |
| Article Addressed to: | D. Is delivery address different from item 1? Yes |
| | If YES, enter delivery address below: No |
| Western District Court of Appeals Court Clerk 1300 Oak Street | |
| Kansas City, MO 64106-2970 | 3. Service Type Certified Mall Express Mail Registered Return Receipt for Merchandise C.O.D. |
| | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Transfer from sei 7008 2810 0001 c | |
| PS Form 3811, February 2004 Domestic Retu | rn Receipt |