

FILED³

MAR 08 2013

Missouri Public Service Commission

ER-2012-015 2128113

SENDER COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
 3-5-2013
- D. Is delivery address different from item 1? Yes
 if YES, enter delivery address below: No

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 se) 7008 2810 0001 2932 8768

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

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

