

8115

EL-11-0028 Notice of Appeal

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | A. Signature<br>X <i>B. Norwalk</i>   | <input type="checkbox"/> Agent<br><input type="checkbox"/> Addressee |
| 1. Article Addressed to:   | B. Received by (Printed Name)<br><i>B. Norwalk</i>  | C. Date of Delivery<br><i>8/10</i>                                   |
| Terrence G. Lord, Clerk<br>Missouri Court of Appeal<br>Western District<br>1300 Oak Street<br>Kansas City, MO 64106  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |  |
| 2. Article Number<br>(Transfer from service label)   | <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.<br>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |  |
| PS Form 3811, February 2004  | 7008 2810 0001 2932 9031<br>Domestic Return Receipt   |  |

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Missouri Public Service Commission

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