

SENDER: COMPLETE THIS SECTION	GC-2008-0394 6-17-08 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 mailpiece, or on the front if space permits.	A. Signature  Agent Addressee  B. Received by (Printed Name) C. Date of Delivery  OMES ICE / O Yes
Laclede Gas Company Legal Department	If YES, enter delivery address below:
720 Olive Street St. Louis, MO 63101	Service Type     ☐ Certified Mail    ☐ Express Mail     ☐ Registered    ☐ Return Receipt for Merchandise     ☐ Insured Mail    ☐ C.O.D.
•	4. Restricted Delivery? (Extra Fee)
2. Article Number 7007 0710	0002 2048 0134

PS Form **3811**, February 2004

Domestic Return Receipt

102595-02-M-1540