

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 mailplece or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul>	B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 17.   Yes
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	If YES, enter delivery address below:   No
	3. Service Type  Certified Mail  Registered  Insured Mail  C.O.D.
	4. Restricted Delivery? (Extra Fee)

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540