MISSOURI PUBLIC SERVICE COMMISSION

June 27, 2006

Case No. GC-2006-0502

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

Laclede Gas Company
Legal Department
723 Laclede Station
St. Louis, MO 65102-0630

Wrong address

Sheila Bruton
Sheila Bruton
7259 Delmar
University City, MO 63130

Enclosed find a certified copy of an ORDER in the above-numbered case(s).

Sent to correct one
6/30/06 DS

Sincerely,

Colle
Secre

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postag	

Postmark Here

7005 0390 0003 2886 4913

Sent To: Laclede Gas Company
Legal Department
Street, Apt. No. or PO Box No.: 720 Olive Street, Ste. 1520
City, State, Zip: St. Louis, MO 63101

PS Form 3800, June 2002 — See Reverse for Instructions

7005 0390 0003 2886 4906

Total Postag

Sent To: Laclede Gas Company
Legal Department
Street, Apt. No. or PO Box No.: 723 Laclede Station
City, State, Zip: St. Louis, MO 65102-0630

PS Form 3800, June 2002 — See Reverse for Instructions

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:

Laclede Gas Company
Legal Department
720 Olive Street, Ste. 1520
St. Louis, MO 63101

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COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

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 service label) 7005 0390 0003 2886 4913

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540