

UNITED STATES POSTAL SERVICE

SAINT LOUIS AND ST. LOUIS

26 JUN 07 PM 05 L

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

Missouri Public
Service Commission

JUN 29 2007

FILED₃



GC-07-487 6/20/07

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 Co.
 Legal Dept.
 720 Olive Street, Suite 1250
 St. Louis, MO 63101

 2. Article Number
 (Transfer from service label)

7004 1350 0003 1351 6506

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

- | | |
|-----------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (*Extra Fee*)☐ Yes