

	CnC-04-450
SENDER: COMPLETE THIS SECTION	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 A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Laclede Gas Company Legal Department	
720 Olive Street St. Louis, MO 63101	3. Service Type/ DZ Certifled Mail
	4. Restricted Delivery? (Extra Fee)
Article Number 7005 0390 00 (Transfer from serv 7005 0390 000)	D3 2881 4345
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-154