

07/25/06 SENDER: COMPLETE THIS SECTION	CC-2007 - 0032
<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 mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Perbeived by (Printed Name)  C. Date of Defivery  D. Is delivery address different from item 12  Yes
Article Addressed to:	D. Is delivery address different from item 1?
Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101	
	3. Service Type  Certified Mail
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7 🗆 🗆 5	0390 0003 2885 5002
PS Form 3811, February 2004 Domestic	Return Receipt 102595-02-M-1540