

SENDER: COMPLETE THIS SECTION	GC-07-164 10/35/06 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 mailpied or on the front if space permits.</li> </ul>	X Addressee
Article Addressed to:  Laclede Gas Company	If YES, enter delivery address below:   No
Legal Department	3. Service Type
720 Olive Street St. Louis, MO 63101	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)     7	05 0390 0003 2886 3428
PS Form 3811, February 2004 Dom	restic Return Receipt 102595-02-M-1540