

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Western District Court of Appeals
1300 Oak Street
Kansas City, MO 64106-2970



9590 9403 0423 5163 1952 22

2. Article Number (Transfer from service label)

7012 2920 0002 0666 5471

PS Form 3811, April 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/2/16

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

3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

Domestic Return Receipt

FILED

APR 7 2016

Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE

04 APR '16

PM 31

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Missouri Public Service Commission
Data Center
PO Box 360
Jefferson City, MO 65102-0360

DX®

USPS TRACKING#



55102036060 9590 9403 0423 5163 1952 22