NOV 27 2018

Missouri Public Service Commission

## 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 Court Clerk 1300 Oak Street

Kansas City, MO 64106-2970

9590 9402 3592 7305 8663 81

2. Article Number (Transfer from service labor)

7017 3040 0000 1345 2948

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

COMPLETE THIS SECTION ON DELIVERY A. Signature ☐ Agent ☐ Addressee B. Received by (Printed Name) C. Date of Delivery

Gn 2018-0309 Gro-2018-0310 11/15/18

If YES, enter delivery address below:

D. Is delivery address different from item 1?

- 3. Service Type
- □ Adult Signature
   □ Adult Signature Restricted Delivery
- Certified Mail®
- ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
  ☐ Registered Mail Restricted
  Delivery
  ☐ Return Receipt for
  Merchandise
- ☐ Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt



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

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**United States Postal Service**  Sender: Please print your name, address, and ZIP+4® in this box®

Missouri Public Service Commission **Data Center** P.O. Box 360 Jefferson City, MO 65102-0360