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Missouri Public Service Commission

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60-2016-0332 0333 10/17/2018 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No Western District Court of Appeals 1300 Oak Street Kansas City, Mo. 64106-2970 ☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery Collect on Delivery 9590 9402 3592 7305 8673 40 ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7017 3040 0000 1345 2795 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053