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## Missouri Public Service Commission

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## GR-2017-0215 GR-2017-0216 4-25-18 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 Attach this card to the back of the mailpiece, raci Whale 04/27/18 or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: Southern District Court of Appeals Court Clerk 300 Hammons Parkway Springfield, MO 65806 3. Service Type ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Adult Signature Registered Mail Restricted Delivery Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery ☐ Certifled Mail® 9590 9402 1289 5285 2786 32 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7017 3040 0000 1345 2566 PS Form 3811, July 2015 PSN 7530-02-000-9053 **Domestic Return Receipt**