

# FILED

MAY 11 2018

## Missouri Public Service Commission

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9590 9402 1289 5285 2786 25

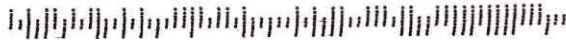


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MO Public Service Commission  
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GR-2017-0215 GR-2017-0216 4-25-18

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY:
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</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 mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>R. Nicole</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Nicole</i> G. Date of Delivery <i>5/9/18</i></p>
<p>1. Article Addressed to:</p> <p>Eastern District Court of Appeals          Court Clerk          One Post Office Square          815 Olive Street, Room 304          St. Louis, MO 63101</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:          MAY 09 2018          MANUFACTURED HOUSING          DEPARTMENT</p>
<p>Barcode</p> <p>9590 9402 1289 5285 2786 25</p>	<p>3. Service Type</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adult Signature</li> <li><input type="checkbox"/> Adult Signature Restricted Delivery</li> <li><input checked="" type="checkbox"/> Certified Mail®</li> <li><input type="checkbox"/> Certified Mail Restricted Delivery</li> <li><input type="checkbox"/> Collect on Delivery</li> <li><input type="checkbox"/> Collect on Delivery Restricted Delivery</li> <li><input type="checkbox"/> Insured Mail</li> <li><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</li> <li><input type="checkbox"/> Priority Mail Express®</li> <li><input type="checkbox"/> Registered Mail™</li> <li><input type="checkbox"/> Registered Mail Restricted Delivery</li> <li><input type="checkbox"/> Return Receipt for Merchandise</li> <li><input type="checkbox"/> Signature Confirmation™</li> <li><input type="checkbox"/> Signature Confirmation Restricted Delivery</li> </ul>
<p>2. Article Number (Transfer from service label)</p> <p>7017 3040 0000 1345 2573</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>