

FILED

MAY 19 2015

Missouri Public Service Commission

SC-15-0292, WC-15-0291 5-7-15

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 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. 	A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) <i>F Walker</i>	C. Date of Delivery 5/15
1. Article Addressed to: <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> Jonathan Finkelstein 19 Cedar Street Worcester, MA 01609 </div>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	7012 2920 0002 0666 3972	
3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

UNITED STATES POSTAL SERVICE

MA 021

15 MAY '15



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

RECEIVED

MAY 19 2015

MO PUBLIC SERVICE COMMISSION
 COMMISSION COUNSEL
 PO BOX 360 PUBLIC SERVICE COMMISSION
 JEFFERSON CITY, MO 65102-0360

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