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DEC 23 2013

Missouri Public Service Commissi

	W	C-2	014-	0185	12-	16-13
SENDER: COMPLETE THIS SECTION			COMPLETE THIS SECTION ON DELIVERY			
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 mallpiece, or on the front if space permits.		A. Signature X Jurled Agent Addressee B. Reselved by (Printed Name) Date of Delivery D. Is delivery address different from Item 1? Yes If YES, enter delivery address below:				
Article Addressed to:						
Missouri-American Wate	r Company		·			
727 Craig Road		Ľ	3. Service	Э Туре	ij,	
St. Louis, MO 63141			☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.			
			4. Restric	ted Deliver	y? (Extra Fee)	☐ Yes
Article Number (Transfer from service label)	7012 8	2920	0002	0666	7673	
PS Form 3811, February 2004	Domestic Return Receipt					102595-02-M-1 5 40

UNITED STATES POSTAL SERVICE



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

• Sender: Please print your name, address, and ZIP+4 in this box •

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



<u> Կորհետ հիգորհինի իրիկ հիկիսինինի հինինի իրինինին</u>