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| SENDER: COMPLETE THIS SECTION | C-ADIS-DARY COMPLETE THIS SECTION ON D | EXECUTE TO SELECT THE |
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| Complete items 1, 2, and 3. 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. egistered Agent: Cogency Global, Inc. 9666 Olive Blvd. Ste. 690 St. Louis, MO 63132 | B. Received by (Printed Name) D. Is delivery address different from If YES, enter delivery address by | Agent Addressee C Date of Pelivery item 1? Yes pelow: No |
| 9590 9402 3592 7305 8662 44 2 Article Number (Transfer from service label) 7017 3040 0000 1345 3303 | 3. Service Type □ Adult Signature □ Adult Signature Restricted Delivery □ Certified Mail® □ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery □ Insured Mail □ Insured Mail Restricted Delivery (over \$500) | □ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 | C | Domestic Return Receipt |