

FILED<sup>3</sup>

OCT 24 2013

Missouri Public  
Service Commission

WC-14-98 10/17/13

**SENDER: COMPLETE THIS SECTION**

- 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.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*J. Turley*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*J. Turley*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

delivery address below: ☐ No

Missouri-American Water Company  
Legal Department  
727 Craig Road  
St. Louis, MO 63141

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 2810 0001 2932 8935

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

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

