

FILED

MAY 19 2015

Missouri Public Service Commission

WC-2015-0290 5/7/15

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 mailpiece, or on the front if space permits.	A. Signature <i>Denise Stoner</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Denise Stoner Denise Stoner 18499 Hwy 133 PO Box KK Dixon, MO 65459 </div>	B. Received by (Printed Name) <i>Denise Stoner</i>	C. Date of Delivery
2. Article Number <i>(Transfer from serv 7012 2920 0002 0666 3941)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" 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
SPRINGFIELD MO 655

13 MAY 2015 PM

RECEIVED
MAY 18 2015

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

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

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

