FILED³

JAN 3 1 2019

Missouri Public Service Commission

USPS TRACKING #

Postage & Fees Paid USPS
Permit No. G-10

9590 9402 3592 7305 ALLS 9L

United States
Postal Service

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

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

with the state of EA 2018-0202 01/25/19 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Deliver Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No Western District Court of Appeals Court Clerk 1300 Oak Street Kansas City, MO 64106-2970 ☐ Priority Mail Express® ☐ Registered Mail™ 3. Service Type ☐ Adult Signature Registered Mail Restricted Delivery Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery Certified Mail® 9590 9402 3592 7305 8665 96 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) ☐ Signature Confirmation Restricted Delivery ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7017 3040 0000 1345 3068 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt