## EC-2024-0066 9/13/23 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION ■ 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 Delivery Received by (Printed Name) Attach this card to the back of the mailpiece, 15/23 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: Evergy Missouri West Legal Department P.O. Box 418679 One Kansas City Place, 1200 Main Street Kansas City, Missouri 64105 ☐ Priority Mail Express® ☐ Registered Mail™ Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation Signature Confirmation 9590 9402 5102 9092 5761 41 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Insured Mail 2. Article Number (Transfer from service label) Restricted Delivery 7019 0700 0000 9367 3938 ☐ Insured Mail Restricted Delivery (over \$500) PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

