EC-2024-0074 9/13/23 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse so that we can return the card to you. ☐ Addressee Attach this card to the back of the mailpiece, B. Re C. Date of Delivery or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: **Evergy Missouri West** Legal Department P.O. Box 418679 One Kansas City Place, 1200 Main Kansas City, Missouri 64105 Service Type Adult Signature Adult Signature Restricted Delivery Certified Mail® Certified Mail Restricted Delivery ☐ Priority Mail Express® ☐ Registered Mail™ Registered Mail Restricted Delivery Return Receipt for Merchandise Signature Confirmation™ Signature Confirmation ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail 7019 0700 0000 9367 4010 ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

