FILED

SFP 2 2 2023

Missouri Public Service Commission

EC-2024-0080 9/13/23 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Şîgnature ■ 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. Date of Delivery -B. Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: □ No 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[™] 3. Service Type ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery □ Registered Mail™ □ Registered Mail Restricted d Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation Restricted Delivery 9590 9402 5102 9092 5762 88 Collect on Delivery Collect on Delivery Collect on Delivery Restricted Delivery 2 Article Number (Transfer from service label) ☐ Insured Mall ☐ Insured Mail Restricted Delivery (over \$500) 2019 0700 0000 9367 4072 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

