9/13/23 EC-2024-0077 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ 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. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, 26/23 or on the front if space permits. 1. Article Addressed to: D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No Evergy Missouri West Legal Department P.O. Box 418679 One Kansas City Place, 1200 Main Street Kansas City, Missouri 64105 3. Service Type ☐ Priority Mail Express® □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ ☐ Adult Signature ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) ☐ Signature Confirmation 7019 0700 0000 9367 4041 Restricted Delivery PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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September 28, 2023 Data Center

Missouri Public

Service Commission

