FC-2024-0071 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. Date of Delivery (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 1/2 □ Yes 1. Article Addressed to: 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® □ Priority Mail Expression □ Registered Mail™ □ Registered Mail Restricted Delivery □ Return Receipt for Merchandise □ Signature Confirmation™ □ Signature Confirmation □ Signature Confirmation ☐ Adult Signature ☐ Adult Signature Restricted Delivery A Certified Mail® 9590 9402 5102 9092 5761 96 ☐ Certified Mail Restricted Delivery □ Collect on Delivery □ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) Restricted Delivery 7019 0700 0000 9367 3983 PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

FILED September 28, 2023

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