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Missouri Public Service Commission

12/4/23 EC-2024-0092 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ☐ Agent Complete items 1, 2, and 3. Print your name and address on the reverse N ☐ Addressee C. Date of Delivery so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, 6 D. Is delivery address different from Item 1? A Yes or on the front if space permits. 1. Art' If YES, enter delivery address below: ☐ No Evergy Missouri Metro and Evergy Missouri West 1200 Main Street Kansas City, MO 64105 ☐ Priority Mail Express® Service Type ☐ Registered Mail™ □ Registered Mail™
□ Registered Mail Restricted Delivery
□ Return Receipt for Merchandise
□ Signature Confirmation™
□ Signature Confirmation Restricted Delivery □ Adult Signature
□ Adult Signature Restricted Delivery
□ Certified Mail®
□ Certified Mail® 9590 9402 5102 9092 5765 54 ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery 2. Article Number (Transfer from service label) ☐ Insured Mail ☐ Insured Mail Restricted Delivery (over \$500) 7019 0700 0000 9367 5277 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053

