

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A/Signature
1. Article Addressed to:	D. Is delivery address different from item 1?   If YES, enter delivery address below:   No
Laclede Gas Company Legal Department	
720 Olive Street St. Louis, MO 63101	3. Service Type  ☑ Certified Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from servi 7004 1,350 0	1003 1351 6490
PS Form 3811, February 2004 Domestic R	Return Receipt 102595-02-M-1540