

FILED³

FEB 13 2013

Missouri Public
Service Commission

EC-2013-0380 1/31/13

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KCP&L Greater Missouri Operations Company
Legal Department
One Kansas City Place, 1200 Main Street
P.O. Box 418679
Kansas City, MO 64105

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Wolben*

☒ Agent

☐ Addressee

B. Received by (Printed Name)

D. WOLBEN

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

B

Mail

☐ Express Mail

ad

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7008 2810 0001 2932 8645

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

MO Public Service Commission

Data Center

P.O. Box 360

Jefferson City, MO 65102-0360