AAI
8668 SPRING MOUNTAIN RD
LAS VEGAS, NV 89117-4113
RETURN SERVICE REQUESTED

November 21, 2013

PETITIONER'S EXHIBIT 3

AARGON
COLLECTION AGENCY
THE ONLY REAL SOLUTION

Phone Toll Free: (800) 280-1183 ext 333
8AM – 5PM Mon-Fri
8AM – Noon Sat PST

3765-024745-DL 2 182771159

PETER B HOWARD
PO Box 11010
Saint Louis MO 63135-0010

Filed
April 25, 2014
Data Center
Missouri Public
Service Commission

DELINQUENT ACCOUNT	
Account Number	3765-024745
Amount Owed	$849.32
Interest	$14.96
Total Due	$864.28

November 21, 2013

Dear PETER B HOWARD,

Regarding: AMEREN MISSOURI

At this time, your account has not been paid in full nor have we received any payment resolution, so we are assuming that it is your intent to neglect this account. You are still able to contact us to make arrangements.

This communication is from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

As of the date of this letter, you owe the total due listed above. Because of interest that may vary from day to day the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after we receive your check, in which event we will inform you before depositing the check for collection. For further information you may either write our office or call (800) 280-1183 ext 333.

Please visit our website at www.payaargon.com to make an online payment, send payment by mail, pay directly at our office or you may call (800) 280-1183 ext 333, 7 days a week, 24 hours a day to make payment by phone.

345CDARAC01_DL2

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

DETACH BOTTOM PORTION AND RETURN WITH PAYMENT

345CDARAC01_DL2

Account Number	Total Due	Amount Enclosed
3765-024745	$864.28	
Client	AMEREN MISSOURI	

Phone Toll Free: (800) 280-1183 EXT 333

If you wish to pay by credit card, fill in the information below and return.

Check One: ☐ Discover Cards ☐ VISA ☐ MasterCard

____ - ____ - ____ - ____

Credit Card Number CVV Code ____

Amount Paid $ Exp. Date ____/____

Signature of Card Holder Date

Daytime Phone: ( ) _____

Evening Phone: ( ) _____

NOTICE

AAI
8668 SPRING MOUNTAIN RD
LAS VEGAS, NV 89117-4113

☐ Please check box if address is incorrect or information has changed, and indicate change(s) on reverse side.

Exhibit No. 3
Date 5-4-14 Reporter AK
File No. EC-2013-0521