

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  A Signature  A Agent  Addressee  B. Received Fill Filled Warfe) HO 13. Date of Delivery
1. Article Addressed to:  AmerenUE Legal Department	D. Is delivery address different from item 1?
1901 Chouteau Avenue P.O. Box 66149, Mail Code 1310 St. Louis, MO 63166	3. Service Type  ✓ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee)
Article Number     (Transfer from service label)     7004 1:	350 0003 1351 6513
PS Form 3811, February 2004 Domestic R	teturn Receipt 102595-02-M-1540

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