

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

Attn: In-House Attorney Representative
 Union Electric Company d/b/a Ameren Missouri
 P.O. Box 66149, Mail Code 1310
 1901 Echouteau Avenue
 St. Louis, MO 63166-6149



9590 9403 0423 5163 1952 53

2. Article Number (Transfer from service label)

7012 2920 0002 0666 5440

PS Form 3811, April 2015 PSN 7530-02-000-9053

EC-20110-0235 3/17/16

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Tou*☐ Agent☐ Addressee

B. Received by (Printed Name)

Todd A. Wess

C. Date of Delivery

Delivery address different from item 1? ☐ Yes
 ES, enter delivery address below ☐ No

3. Service Type

☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

FILED³

MAR 25 2016

Missouri Public
Service Commission

UNITED STATES POSTAL SERVICE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

21 MAR '16

PM 201



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

Missouri Public Service Commission
 Data Center
 PO Box 360
 Jefferson City, MO 65102-0360

BOX®

USPS TRACKING#



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