

11-20-14 EC-15-0123

FILED

DEC 1 2014

Missouri Public Service Commission

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 X Shannon Stocker <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (.Printed Name)	C. Date of Delivery
Union Electric Company d/b/a Ameren Missouri Attn: In-House Attorney Representative P.O. Box 66149, Mail Code 1310 1901 Chouteau Avenue St. Louis, MO 63166-6149		Shannon Stocker	11 24 14
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
		<input type="checkbox"/> Insured Mail	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7012 2920 0002 0666 8182	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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

