

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

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JUL 2 4 2009

Missouri Public Service Commission

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

	and a transfer of the office o
	GC-2010-0018 7/15/09
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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, 	A. Signature A. Signature M. Addressee Addressee B. Received by (Printed Name) HARIAND M. HORN
1. Article Addressed to:	D) Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Union Electric Company 5/[I P.O. Box 66529 St. Louis, MO 66529 of 5th	3. Service Type □ Certified Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 0710 0002	2048 0738
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540