MISSOURI PUBLIC SERVICE COMMISSION

January 04, 2007

Case No. ER-2007-0002

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

AARP
John Coffman
871 Tuxedo Blvd
St. Louis, MO 63119

AmerenUE
James Lowery
111 South Ninth St., Suite 200
P.O. Box 918
Columbia, MO 65202-0918

AmerenUE
Steven Sullivan
1901 Chouteau Avenue
P.O. Box 66149 (MC 1300)
St. Louis, MO 63166-6149

AmerenUE
Thomas Byrne
1901 Chouteau Avenue
P.O. Box 66149 (MC 1310)
St. Louis, MO 63166-6149

Aquila Networks
Paul Boudreau
312 East Capitol Avenue
P.O. Box 456
Jefferson City, MO 65102

Aquila Networks
Russell Mitten
312 E. Capitol Ave
P.O. Box 456
Jefferson City, MO 65102

Consumers Council of Missouri
John Coffman
871 Tuxedo Blvd.
St. Louis, MO 63119

Laclede Gas Company
Michael Pendergast
720 Olive Street, Suite 1520
St. Louis, MO 63101

Laclede Gas Company
Rick Zucker
720 Olive Street
St. Louis, MO 63101

Missouri Association for Social Welfare
Gaylin Rich Carver
3225-A Emerald Lane
Jefferson City, MO 65102-6670

Missouri Attorney General's Office
Douglas Micheel
P.O. Box 899
Jefferson City, MO 65102

Missouri Department of Economic Development
Douglas Micheel
P.O. Box 899
Jefferson City, MO 65102

Missouri Department of Natural Resources
Joseph Bindbeutel
8th Floor, Broadway Building
P.O. Box 899
Jefferson City, MO 65102

Missouri Department of Natural Resources
H. Todd Iveson
8th Floor, Broadway Building
P.O. Box 899
Jefferson City, MO 65102

Missouri Energy Group
Lisa Langeneckert
911 Washington Ave., 7th Floor
St. Louis, MO 63101

Missouri Industrial Energy Consumers
Carole Iles
221 Bolivar St., Suite 101
Jefferson City, MO 65101

Missouri Industrial Energy Consumers
Diana Vuylsteke
211 N. Broadway, Suite 3600
St. Louis, MO 63102

Missouri Retailers Association
Sam Overfelt
618 E. Capitol Ave
Jefferson City, MO 65101

MOKAN, CCAC
Lyell Champagne
906 Olive, Suite 1110
St. Louis, MO 63101

Noranda Aluminum, Inc.
Stuart Conrad
3100 Broadway, Suite 1209
Kansas City, MO 64111

The Commercial Group
Koriambanya Carew
2400 Pershing Road, Suite 500
Crown Center
Kansas City, MO 64108

The Commercial Group
Rick Chamberlain
6 NE 63rd Street, Ste. 400
Oklahoma City, OK 73105

U.E. Joint Bargaining Committee
Matthew Uhrig
3401 W. Truman
Jefferson City, MO 65109

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,

Colleen M. Dale
Secretary

ER-2007-0002 1/4/07

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance C
For delivery information visit our website
OFFICIAL

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: AmerenUE
Street, Apt. No.; or PO Box No.: Thomas Byrne
City, State, ZIP+4: 1901 Chouteau Av
P.O. Box 66149
St. Louis, MO 63

PS Form 3800, June 2002

7005 0390 0003 2886 3138

SENDER: COMPLETE THIS SECTION

- 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, or on the front if space permits.

1. Article Addressed to:

AmerenUE
Thomas Byrne
1901 Chouteau Avenue
P.O. Box 66149
St. Louis, MO 63166-6149

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 0390 0003 2886 3138

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ER-2007-0002 1/4/07

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our website
OFFICIAL

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: AmerenUE
Street, Apt. No. or PO Box No.: Steven Sullivan
City, State, ZIP: 1901 Chouteau Av
P.O. Box 66149 (M
St. Louis, MO 63

PS Form 3800, June 2002

7005 0390 0003 2886 3121

SENDER: COMPLETE THIS SECTION

- 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, or on the front if space permits.

1. Article Addressed to:

AmerenUE
Steven Sullivan
1901 Chouteau Avenue
P.O. Box 66149 (MC 1300)
St. Louis, MO 63166-6149

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) MIKE STOLL | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAN 8 2007

3. Service Type
☑ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 0390 0003 2886 3121

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

ER-2007-0002 1/4/07

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our website
OFFICIAL

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: AmerenUE
Street, Apt. No.; or PO Box No.: James Lowery
City, State, ZIP+4: 111 South Ninth S
P.O. Box 918
Columbia, MO 65

PS Form 3800, June 2002

7005 0390 0003 2886 3114

SENDER: COMPLETE THIS SECTION

- 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, or on the front if space permits.

1. Article Addressed to:

AmerenUE
James Lowery
111 South Ninth St., Suite 200
P.O. Box 918
Columbia, MO 65202-0918

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) Trista Heller | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 0390 0003 2886 3114

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540