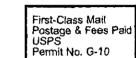
UNITED STATES POSTAL SERVICE



• 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



June 4, 2007 Missouri Public Service Commission

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, or on the front if space permits.	A Signature M. Dadiresson
	B. Received by (Printed Name) C. Date of Delivery HARLAND M. HORN
Article Addressed to:	D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:   No
AmerenUE	
Legal Department	29 20:7
P.O. Box 66149, Mail Code 1310 St. Louis, MO 63166	3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandisa
	4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label)

PS Form 3811, February 2004

7004 1350 0003 1351 6599

Domestic Return Receipt

102595-02-M-1540