

FILED

DEC 12 2008

Missouri Public
Service Commission

GC-2009-0236

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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.		<p>A Signature <i>Michael M. Horn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B Received by (Printed Name) <i>Michael M. Horn</i> C Date of Delivery</p> <p>D Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1 Article Addressed to Ameren UE 1901 Chouteau Avenue PO Box 66149, Mail Code 1310 St. Louis, MO 63166-6149			
2 Article Number (Transfer from service label) 7007 0710 0002 2048 0349			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02 M-1540	

UNITED STATES POSTAL SERVICE



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

• 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