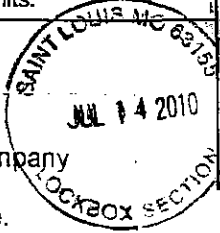


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JUL 16 2010

Missouri Public Service Commission

GC2011-0009 7/12/10

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>1. Article Addressed to:</p> <p style="text-align: center;">  </p> <p>Union Electric Company Legal Department 1901 Choteau Ave. St. Louis, MO 66529</p>	<p>A. Signature</p> <p><i>[Handwritten Signature]</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
	<p>B. Received by (Printed Name)</p> <p><i>[Handwritten Name]</i></p>	<p>C. Date of Delivery</p> <p><i>[Handwritten Date]</i></p>
<p>2. Article Number (Transfer from) 7007 0710 0002 2047 9770</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>PS Form 3811, February 2004</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>	

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