

Idindring Misside Marchalle Milliand Milliand

	EC-07-0273		
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 Agent Addresse B. Received by (Printed Name) C. Date of Deliver OAV MORUSA		
1. Article Addressed to:	D. Is delivery address different from item. CI Yes If YES, enter deliver address below. No		
AmerenUE Legal Department 1901 Chouteau Avenue	3 Service Type		

P.O. Box 66149, Mail Code 1310 St. Louis, MO 63166

2. Article Number 7005 0390 0003 2886 3411 (Transfer from se

☐ Express Mail

Yes

☐ Return Receipt for Merchandise

Certified Mail

4. Restricted Delivery? (Extra Fee)

☐ Registered Insured Mail

☐ C.O.D.