

SENDER: COMPLETE THIS SECT	TION COMPLETE TI	HIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also item 4 if Restricted Delivery is de Print your name and address on so that we can return the card to Attach this card to the back of the or on the front if space permits. 	the reverse you. te mailpiece,	Agent Address (Printed Name) G. Date of Delive 15 2 16 2 18 3 2 18 4 3 5 2 18 4 3 5 2 18 5 2
Article Addressed to:		ddress lifterent from item 1? Yes er delivery address below: No
Union Electric d/b/a Amero Legal Department	enUE	
P.O. Box 66149	3. Service Typ	e
1901 Chouteau Avenue St. Louis, MO 63166-6149		ed Return Receipt for Merchandi
	4. Restricted I	Delivery? (Extra Fee)
2. Article Number	7007 7110 0001	
(Transfer from service label)	7003 3110 0004	0200 6986
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-M-1