| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY |
|---|---------|--|
| Complete items 1, 2, and 3. Also compitem 4 if Restricted Delivery is desired. Print your name and address on the reso that we can return the card to you. Attach this card to the back of the mail or on the front if space permits. | /erse | A. Signature A. Signature A. Signature A. Signature Addressee B. Received by Printed Name B. Received B. Rece |
| Article Addressed to: | | D. Is delivery address different from item 1? ☐ Yes |
| Union Electric Company Legal Department 1901 Chouteau Avenue PO Box 66149, Mail Code 1310 St. Louis, MO 63166-6149 | | CCT -6 2008 |
| | | 3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| | | 4. Restricted Delivery? (Extra Fee) ☐ Yes |
| Article Number (Transfer from service label) | ם קסטק. | 710 0002 2048 0288 |

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