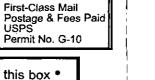
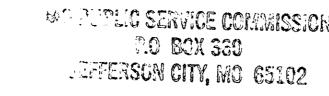
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complitem 4 if Restricted Delivery is desired. Print your name and address on the reviso that we can return the card to you. Attach this card to the back of the mails or on the front if space permits. 	Perse Diece, Agent Addressee C. Date of Delivery
Article Addressed to:	D. Is delivery addless of tempt from item 1? Yes If YES, enter delivery address of the tempt in the many in the ma
Legal Department Union Electric Company d/b/a AmerenUE P.O. Box 66149 (MC 1310) 1901 Chouteau Ave. St. Louis, MO 63166-6149	3. Service Type Control Servic
	4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	JDS 0390 0003 2881 2686
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

United States Postal Service



	FEB "1"2006	L
Sender	r: Please print your name, address, and ZIP+ Wissouri Public Service Commission	
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