

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 A. Signature C. Date of Delivery D. Is delivery pared different from item 1? Yes
Article Addressed to:	If YES, anter delivery address below:
Union Electric Company Legal Department 1901 Chouteau Avenue	AUG 227
PO Box 66149, Mail Code 1310	3. Service Type BUX SET
St. Louis, MO 63166-6149	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mall ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 07	210 0002 2048 0219

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540