

EC-2014-0224 211314

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Union Electric Company  
 Michael R. Tripp  
 111 S. 9th St.  
 P.O. Box 918  
 Columbia, MO 65205-0918

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

*Sherry Shethlesworth*

B. Received by (Printed Name) C. Date of Delivery

*Sherry Shethlesworth* *2-18-14*

Is delivery address different from item 1?  Yes  No  
 if YES, enter delivery address below:

3. Service Type

Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service) 7012 2920 0002 0666 7826

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1640

**FILED**

**FEB 20 2014**

Missouri Public Service Commission

UNITED STATES POSTAL SERVICE

MO-MISSOURI PSN

MO 652 1 T

18 FEB 2014 PM

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. 6-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Missouri Public Service Commission  
 Data Center  
 P.O. Box 360  
 Jefferson City, MO 65102-0360

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