United States Postal Service

PS Form 3811, February 2004

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

102595-02-M-1540

• 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

ting the second	<u> </u>
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 X
1. Article Addressed to:	D. Is delivery address different from Item 1? Yes If YES, enter delivery address below: No
Union Electric Company	LAY13:00
Legal Department 1901 Chouteau Avenue P.O. Box 66149, Mail Code 1310 St. Louis, MO 63166-6149	3. Service Type Certified Mall Registered Receipt for Merchandise Insured Mall C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 283	ro 0001 5435 883P

Domestic Return Receipt