

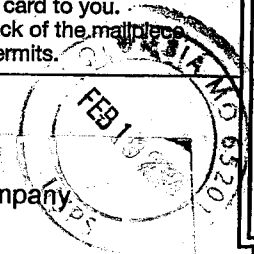
EC-2014-0223 2/13/14

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 mail piece 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

Sherry Shuttlesworth

- Agent
- Addressee

B. Received by (Printed Name)

Sherry Shuttlesworth

C. Date of Delivery

2-18-14

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

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 st)

7012 2920 0002 0666 7857

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED

FEB 20 2014

Missouri Public Service Commission

UNITED STATES POSTAL SERVICE

MID-MISSOURI PAID
 MO 652 17
 18 FEB 2014 PM



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

