EC-2015-0315 6/2/15 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature LEALIS MOST **Agent** u Х Print your name and address on the reverse C Addin JUN 1 6 2015 so that we can return the card to you. в. Date of De Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? C Yes Missouri Public 1. Article Addressed to: Service Commission If YES, enter delivery address below: Steven R. Brophy **Registered Agent for** Union Electric Company 3. Service Type Certified Mail Express Mail 500 East Independence Dr. Registered Return Receipt for Merchandise Union, MO 63084 Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes 2. Article Number (Transfer from service label) PS Form 3811, February 2004 **Domestic Return Receipt** 102595-02-M-1540 First-Class Mail UNITED STATES POSTAL SERVICE Postage & Fees Paid USPS Permit No. G-10 Sender: Please print your name, address, and ZIP+4 in this box INION Service Commission Missouri Public Data Center P.O. 4867 869 r.U. کون کون کون کون Jefferson City, Mo 65102-0360 USPS