## **FILED**<sup>3</sup>

AUG 2 3 2013

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY MISSOUFI PUBLICE Complete items 1, 2, and 3. Also complete Service Commissionem 4 if Restricted Delivery is desired. A. Signature □ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: A 3139 Union Electric dba Ameren Missouri Legal Department PO Box 66149, Mail Code 1310 d Mall St. Louis, MO 63166-6149 ired ☐ Return Receipt for Merchandise □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 2810 0001 2932 8973 (Transfer from service label)

UNITED STATES POSTAL SERVICE

PS Form 3811, February 2004

3



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

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

Domestic Return Receipt

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