

EC-2024-0108  
9/28/23

7019 0700 0000 9367 4249

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL® RECEIPT</b>	
<i>Domestic Mail Only</i>	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
<b>OFFICIAL USE</b>	
Certified Mail Fee	\$ _____
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____
Postmark Here	
Postage	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
\$ _____	
Ameren Missouri Legal Department P.O. Box 66149, Mail Code 1310 1901 Chouteau Avenue St. Louis MO 63166-6149	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions	