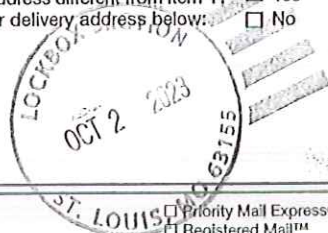




EC-2024-0111 9/28/24

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. 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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received By (Printed Name) C. Date of Delivery</p> <p style="text-align: center;">Robert Davidson</p>
<p>1. Article Addressed to:</p> <p>Union Electric Company d/b/a Ameren Missouri Legal Department 1901 Chouteau Avenue P.O. Box 66149, Mail Code 1310 St. Louis, MO 63166-6149</p> <p style="text-align: center;">9590 9402 5102 9092 5764 79</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center;">  </div> <p>type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7017 3040 0000 1345 4473</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

USPS TRACKING#



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