

FILED

OCT 28 2024

Missouri Public Service Commission

EC-2025-0139 10/17/24

SENDER: COMPLETE THIS SECTION

- 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.

Ameren Missouri  
 1901 Chouteau Avenue  
 P.O. Box 66149, Mail Code 1310  
 St. Louis, MO 63166-6149



9590 9402 5102 9092 5767 90

2. Article Number (Transfer from service label)

7017 3040 0000 1345 3969

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

RD

- Agent
- Addressee

B. Received by (Printed Name)

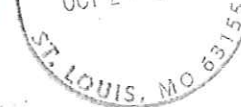
Robert Davidson

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

OCT 21 2024



3. Service Type

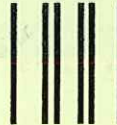
- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

USPS TRACKING#



9590 9402 5102 9092 5767 90



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

United States Postal Service

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

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