

DEC 0 2 2024

Missouri Public Service Commission

Domestic Return Receipt

EC-2025-0165 11/21/24 COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery Received by (Printed Name) Attach this card to the back of the mailpiece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: Ameren Missouri Legal Department 1901 Chouteau Avenue Saint Louis, Missouri 63103 Service Type ☐ Priority Mail Express® ☐ Adult Signature ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery ☐ Return Receipt for Merchandise ☐ Adult Signature Restricted Delivery ☐ Certified Mail® ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ ☐ Signature Confirmation 2. Article Number (Transfer from service label) ☐ Insured Mail 7019 0700 0000 9367 5130 Restricted Delivery ☐ Insured Mail Restricted Delivery (over \$500)

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