

FILED

APR 18 2025

Missouri Public
Service Commission

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>EC-2025-0264 4/21/2025</p>	
1. Article Addressed to:		A. Signature X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
Ameren Transmission Company of Illinois Legal Department 1901 Chouteau Avenue P.O. Box 66149 St. Louis, MO 63166-6149		B. Received by (Printed Name) Robert Davids	C. Date of Delivery
2. Article Number (Transfer from service label) 7019 0700 0000 9367 5079		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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

USPS TRACKING#	
9590 9402 5102 9092 5769 67	
United States Postal Service	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <div>MO Public Service Commission Data Center P.O. Box 360 Jefferson City, MO 65102-0360</div>

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