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APR 02 2026

Missouri Public
Service Commission

EC-2026-0218

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 checked="" type="checkbox"/>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>Ameren Missouri 1901 Chouteau Avenue P.O. Box 66149 St. Louis, Missouri 63166-6149</p>  9590 9402 5102 9092 5773 60		<p>B. Received by (Print Name) Robert Davitt</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7019 0700 0000 9367 4836</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

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