MISSOURI PUBLIC SERVICE COMMISSION
February 14, 2003

Case No. GC-2003-0275

Dana K Joyce
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

John B Coffman
P.O. Box 7800
200 Madison Street, Suite 640
Jefferson City, MO 65102

Levieta Brown
1015 East Love St.
Mexico, MO 65265

Enclosed find a certified copy of a NOTICE in the above-numbered case(s).

Sincerely,

Dale Hardy Roberts

Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

7099 3220 0009 3699 6534

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Ameren UE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or PO Box No. 1901 Chouteau Ave.

City, State, ZIP+4 St. Louis MO 63166

PS Form 3800, July 1999 See Reverse for Instructions

GC-2003-02

LETE THIS SECTION

1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Article Addressed to:
Legal Department
Ameren UE
one Ameren Plaza
1901 Chouteau Ave.
PO Box 66149 MC 1310
St. Louis, MO 63166

RECEIVED
FEB 20 2003
PUBLIC SERVICE COMMISSION
RECORDS MANAGEMENT DIVISION

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ray Brown ☐ Agent

B. Received by (Printed Name) C. Date

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below:

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt fc
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)*

2. Article Number *(Transfer from service label)* 7099 3220 0009 3699 65

PS Form 3811, August 2001 Domestic Return Receipt