

**SENDER: COMPLETE THIS SECTION**

- Complete items 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: 8/6/09 B.M.

AC 2009-049

James A. Tiskos, R.A.

Ameren Corp.

1901 Chouteau Avenue

St. Louis, MO 63103

2. Article Number

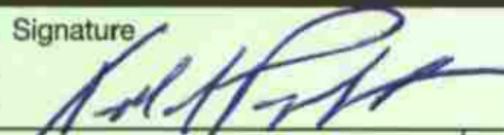
*(Transfer from service label)*

7008 1830 0003 9908 9052

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X


 Agent  
 Addressee
B. Received by (*Printed Name*)

Todd Repenhorst

C. Date of Delivery

8-10-09

 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to: 8/6/09 B.M.

AC 2009-049

Jerry Simpson

300 Sur Woods Drive

Effingham, IL 62401

2. Article Number

*(Transfer from service label)*

7008 1830 0003 9908 9076

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Vita Kistner

 Agent AddresseeB. Received by (*Printed Name*)

Vita Kistner

C. Date of Delivery

8-10-09

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

3. Service Type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.4. Restricted Delivery? (*Extra Fee*) Yes