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:

CERCLA-07-2007-0018
Campbell

Susan Knowles, Esq.
Ameren Corporation
1901 Chouteau Avenue
P.O. Box 66149, Mail Code 1310
St. Louis, Missouri 63166-6149

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Harland M. Horn ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* HARLAND M. HORN C. Date of Delivery

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

SEP 28 2007

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

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7004 2510 0006 9720 3020

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540