

**MISSOURI PUBLIC SERVICE COMMISSION**

**September 16, 2002**

**Case No. SC-2003-0102**

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

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

Legal Department  
W.P.C. Sewer Company  
2111 W. Broadway  
Sedalia, MO 65301

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

**Sincerely,**

A handwritten signature in black ink that reads "Dale Hardy Roberts". The signature is written in a cursive, slightly slanted style.

**Dale Hardy Roberts  
Secretary/Chief Regulatory Law Judge**

SC-03-102

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 5px;">x</span> <div style="margin-left: 10px;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <div style="display: flex; justify-content: space-between;"> <span>ANN LAFFOON</span> <span>9.17.02</span> </div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Legal Dept.  W.P.C. Sewer Co.  2111 W. Broadway  Sedalia, MO  65301</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number  (Transfer from service label) 7099 3220 0009 3699 6398</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2505

7099 3220 0009 3699 6398

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

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$</b>	

Name (Please Print Clearly) (To be completed by mailer)  
W.P.C. Sewer Co.

Street, Apt. No.; or PO Box No.  
2111 W. Bldg

City, State, ZIP+4  
Sedalia MO 65301

PS Form 3800, July 1999

See Reverse for Instructions