MISSOURI PUBLIC SERVICE COMMISSION

July 21, 2003

Case No. TC-2004-0046

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

Karl Zobrist
Charter Fiberlink - Missouri, LLC
2300 Main Street, Suite 1100
Kansas City, MO 64108

James Fischer
CenturyTel of Missouri LLC
101 Madison Street, Ste. 400
Jefferson City, MO 65101

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

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

Article Sent To: Fischer

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. 101 Madison ste 400

City, State, ZIP+4 JC MO 65101

PS Form 3800, July 1999 See Reverse for Instructions

7099 3220 0009 3699 6749

TC-2004-0046

E THIS SECTION

, and 3. Also complete
Delivery is desired.
address on the reverse
the card to you.
he back of the mailpiece,
ce permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

James Fischer
CenturyTel of Missouri, LLC
101 Madison St., ste 400
Jefferson City, MO 65101

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) 7099 3220 0009 3699 6749

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509