

MISSOURI PUBLIC SERVICE COMMISSION
July 25, 2003

Case No. TC-2004-0059

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

Legal Department
SBC Missouri
One Bell Center, Room 3520
St. Louis, MO 63101

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

Charles A Gentry
R. Arthur Gentry
515 E. High St.
Jefferson City, MO 65101

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

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

Article Sent To:

Legal Department

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sincerely,

Dale Hardy Roberts

Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

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

SBC Missouri

Street, Apt. No., or PO Box No.

One Bell Center Room 3520

City, State, ZIP+4

St. Louis MO 63101

PS Form 3800, July 1999

See Reverse for Instructions

THIS SECTION

and 3. Also complete
delivery is desired.
address on the reverse
the card to you.
e back of the mailpiece,
e permits.

1. Article Addressed to:

Legal Department
SBC Missouri
One Bell Center, Room 3520
St. Louis, MO 63101

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6756

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Tina Taylor

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Tina Taylor

C. Date of Delivery

7/28

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