MISSOURI PUBLIC SERVICE COMMISSION

May 07, 2008

Case No. SC-2008-0357

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

Gene Smith
Gene Smith
4230 N. Creasy Springs Road
Columbia, MO 65202

Jon Livingston
Jon Livingston
4034 Creasy Springs
P.O. Box 7352
Columbia, MO 65205

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

Sincerely,

Colleen M. Dale
Secretary

7007 0710 0002 2048 0110

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: Gene Smith
Street, Apt. No.; or PO Box No.: 4230 N. Creasy Springs Rd
City, State, ZIP+4: Columbia MO 65202

PS Form 3800, August 2006 — See Reverse for Instructions

SC-2008-0357 5/7/08

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:

Gene Smith
4230 N. Creasy Springs Rd.
Columbia, MO 65202

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Gene Smith ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 5-8-08

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

2. Article Number *(Transfer from ser* 7007 0710 0002 2048 0110

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

MF