

MISSOURI PUBLIC SERVICE COMMISSION

June 16, 2006

Case No. TC-2006-0479

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

Socket Telecom, LLC
David Woodsmall
428 E. Capitol Ave., Suite 300
Jefferson City, MO 65102

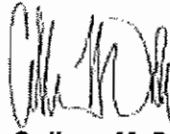
Verizon Business Services
Regulatory Representative
600 Hidden Ridge, HQEO2H45
P.O. Box 152012
Irving, TX 75015-2092

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

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee <small>(Endorsement Required)</small>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	
Total Post:	Verizon Business Services
Sent To:	Regulatory Representative
Street, Apt. or PO Box #	600 Hidden Ridge, HQEO2H45
City, State, Zip	P.O. Box 152012
	Irving, TX 75015-2092
PS Form 3800, June 2002 See Reverse for Instructions	

7005 0390 0003 2881 4369

Sincerely,



Colleen M. Dale
Secretary

<p>SENDER: COMPLETE THIS SECTION</p> <ul style="list-style-type: none"> 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. <p>1. Article Addressed to:</p> <p>Verizon Business Services Regulatory Representative 600 Hidden Ridge, HQEO2H45 P.O. Box 152012 Irving, TX 75015-2092</p> <p>2. Article Number <u>7005 0390 0003 2881 4369</u></p> <p><small>(Transfer from service)</small></p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <u>RICHARD BASS</u> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>R BASS</u> C. Date of Delivery <u>JUN 19 2006</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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