

MISSOURI PUBLIC SERVICE COMMISSION

October 7, 2002

Case No. WC-2003-0134

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

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

William P Mitchell
Osage Water Company
P.O. Box 846
Linn Creek, Missouri, 65052

Gregory D Williams
Osage Water Company
P.O. Box 431
Sunrise Beach, Missouri, 65079

Debra J Williams
Osage Water Company
P.O. Box 650
Sunrise Beach, Missouri, 65079

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

Sincerely,



Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

WL-2003-0134

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:

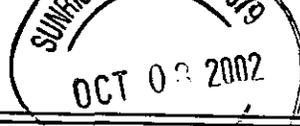
Debra J Williams
 Osage Water Company
 P.O. Box 650
 Sunrise Beach, Missouri, 65079

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Debra Williams

B. Received by (Printed Name) *DEBRA J. WILLIAMS* C. Date of Delivery *10-08-02*

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 service label) *7099 3220 0009 3699 6459*

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Debra Williams

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.

City, State, ZIP+ 4

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

William Mitchell

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.

City, State, ZIP+ 4

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:

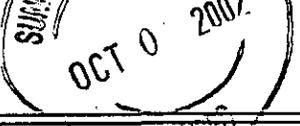
William P Mitchell
 Osage Water Company
 P.O. Box 846
 Linn Creek, Missouri, 65052

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Debra Williams

B. Received by (Printed Name) *DEBRA J. WILLIAMS* C. Date of Delivery *10-08-02*

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 service label) *7099 3220 0009 3699 6466*

7099 3220 0009 3699 6459

7099 3220 0009 3699 6466

WL-2003-0134

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:

Gregory D Williams
 Osage Water Company
 P.O. Box 431
 Sunrise Beach, Missouri, 65079

2. Article Number

(Transfer from service label)

7099 3330 0009 3699 6442

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Hardy*

Agent

Addressee

B. Received by (Printed Name)

Hardy

C. Date of Delivery

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

MAIL RECEIPT
 Only: No Insurance Coverage Provided

Article Sent To:

Gregory Williams

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Postmark Here

7099 3330 0009 3699 6442

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

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

City, State, ZIP+ 4

PS Form 3800, July 1999

See Reverse for Instructions

STATE OF MISSOURI

OFFICE OF THE PUBLIC SERVICE COM

I have compared the preceding copy with the original on file in this office and
 I do hereby certify the same to be a true copy therefrom and the whole thereof.

WITNESS my hand and seal of the Public Service Commission, at Jefferson City,
 Missouri, this 7th day of Oct. 2002.

Dale Hardy Roberts

Dale Hardy Roberts
 Secretary/Chief Regulatory Law Judge

