MISSOURI PUBLIC SERVICE COMMISSION

April 15, 2008

Case No. WC-2008-0331

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

Nancy Carol Croasdell
Legal Department
3472 West Silver Lake
Fenton, MI 48430

Registered Agents, Ltd.
Registered Agent
2345 Grand Blvd., Ste. 2400
Kansas City, MO 64108

Universal Utilities, Inc.
Legal Department
5251 Fenton Road
P. O. Box 18
Fenton, MI 48430

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

resent 4/22 DS WC-2008-0331 4/15

U.S. Postal Service™
CERTIFIED MAIL™ RE
(Domestic Mail Only; No Insurance
For delivery information visit our webs
OFFICIA
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Requi
Total Postage &
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
Universal U
Nancy Caro
5251 Fento
Flint, MI 48
PS Form 3800, August 2006

7007 0710 0002 2048 1209

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:

Universal Utilities, Inc.
Nancy Carol Croasdell
5251 Fenton Road
Flint, MI 48507

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X A C Parsons ☐ Agent ☐ Addressee

B. Received by (Printed Name) K. Parsons
C. Date of Delivery 4-24-08

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 service label) 7007 0710 0002 2048 1209

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

WC-2008-0331 4/15

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insuran
For delivery information visit our web
OFFICIA
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Posta
Sent To
Street, Apt. N or PO Box N
City, State, Z
Registered Ag
Registered Ag
2345 Grand B
Kansas City,
PS Form 3800, August 2006

7007 0710 0002 2048 1247

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:

Registered Agents, Ltd.
Registered Agent
2345 Grand Blvd., Ste. 2400
Kansas City, MO 64108

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kim Babel ☐ Agent ☐ Addressee

B. Received by (Printed Name)
C. Date of Delivery 4-17-08

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 service label) 7007 0710 0002 2048 1247

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