## BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

| Director of the Manufactured Housing and | ) |          |               |
|--|---|----------|---------------|
| Modular Units Program of the Missouri    | ) |          |               |
| Public Service Commission,               | ) |          |               |
|  | ) |          |               |
| Complainant,                             | ) |          |               |
|  | ) |          |               |
| V.                                       | ) | Casa No  | MC-2009-0020  |
|  | ) | Case No. | WIC-2009-0020 |
| Brookside Homes, Inc.,                   | ) |          |               |
| 2455 US Highway 67 South                 | ) |          |               |
| Festus, MO 63028,                        | ) |          |               |
|  | ) |          |               |
| Respondent.                              | ) |          |               |

## CERTIFICATE OF SERVICE OF COMPLAINANT'S FIRST SET OF REQUESTS FOR PRODUCTION OF DOCUMENTS AND FIRST SET OF REQUESTS FOR ADMISSION

The undersigned hereby certifies that copies of the Complainant's First Requests for Production of Documents and First Requests for Admission of Facts to Respondent Brookside Homes, Inc. were mailed or transmitted by electronic mail to Brookside Homes, Inc., Steven D. Warren, and attorney Robert Bilbrey on this 6th day of November, 2008.

Respectfully submitted,

/s/ Steven C. Reed
Steven C. Reed
Missouri Bar No. 40616

Attorney for the Staff of the Missouri Public Service Commission PO Box 360 Jefferson City, MO 65102 (573) 751-3015 (Telephone) (573) 751-9285 (Fax)

## **CERTIFICATE OF SERVICE**

I hereby certify that copies of the First Requests for Admission and First Requests for Production to Brookside, and the foregoing Certificate of Service have been delivered by first class mail postage prepaid, to Brookside Homes, Inc., Steven D. Warren, and attorney Robert Bilbrey, and Office of Public Counsel this 6th day of November, 2008.

| $/_{\rm S}/$ | Steven C. Reed |  |
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