MISSOURI PUBLIC SERVICE COMMISSION
July 16, 2003

Case No. GC-2004-0041

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

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

Jordan Ross
12150 Royal Valley Drive
St. Louis, MO 63141

Legal Department
Laclede Gas Company
720 Olive Street
St. Louis, MO 63101

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

Sincerely,

Dale Hardy Roberts

Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Legal Dept. Laclede Gas

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

Name (Please Print Clearly) (To be
Street, Apt. No.; or PO Box No.
City, State, ZIP+ 4

PS Form 3800, July 1999

7099 3220 0009 3699 6732

GC-04-0041

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:
Legal Dept.
Laclede Gas Co
720 Olive St.
St. Louis MO
63101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* 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

2. Article Number
(Transfer from service label) 7099 3220 0009 3699 6732

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509