

# MISSOURI PUBLIC SERVICE COMMISSION

November 26, 2007

Case No. GC-2008-0169

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

Missouri Gas Energy  
Legal Department  
3420 Broadway  
Kansas City, MO 64111

Percy Cannon  
Percy Cannon  
3223 E 41st St  
Kansas city, MO 64130

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

7004 1350 0003 1351 9859

U.S. Postal Service <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	
Sent To	Missouri Gas Energy
Street, Apt. No., or PO Box No.	Legal Department
City, State, ZIP+4	3420 Broadway
	Kansas City, MO 64111

PS Form 3800, June 2007

Sincerely,

Colleen M. Dale  
Secretary

7004 1350 0003 1351 9859

<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	
1. Article Addressed to:  Missouri Gas Energy Legal Department 3420 Broadway Kansas City, MO 64111	
2. Article Number (Transfer from service label)	
PS Form 3811, February 2004	

<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) S. Stewart	C. Date of Delivery 11-28-07
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" 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.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

GC-2008-0169 11/26

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