MISSOURI PUBLIC SERVICE COMMISSION August 29, 2002

Case No. WC-2003-0067

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 Legal Department
Osage Water Company
Route 2, Box 3347
Osage Beach, Missouri, 65065

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

Sincerely,

Dale Hardy Roberts

Secretary/Chief Regulatory Law Judge

Hole Hold Roberts

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired. Print your name and address on the reverse	X Agent	
so that we can return the card to you	Addresse	_
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C Pate of Deliver	y
Article Addressed to:	D. Is delivery address different from item 1? Yes	_
Great Villians	If YES, enter delivery address below: No	
P 0 B = K 5/3/ 4		
GregWilliams P.O. Box 431, Huy5 at Cake Rd. 5-33 Sunrise Beach, MO		
Care Rd. 5-33		=
Sunrise Beach, Mo	3. Service Type ☐ Certified Mail ☐ Express Mail	
65079	☐ Registered ☐ Return Receipt for Merchandise	
	Insured Mail I C.O.D.	-
2. Article Number	4. Restricted Delivery? (Extra Fee) Yes	~
(Transfer from service label) 7099 3228	0009 3699 6428	
PS Form 3811, August 2001 Domestic Retu	urn Receipt 102595-01-M-250	•
	(02000 011W-20U	,
U:S>Postal Service	U.S. Postal Service	4
CERTIFIED MAIL RECEIPT	CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	(Domestic Mail Only; No Insurance	Coverage Provided)
Article Sent To:	பு Article Sent To:	
8-29-02	# H	WC-03-67
Postage \$	Postage \$	
Certified Fee	Certified Fee	Postmark
Return Receipt Fee Postmark (Endorsement Required) Here	Return Receipt Fee (Endorsement Required)	Here
Restricted Delivery Fee (Endorsement Required)	Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	☐ Total Postage & Fees \$	
Name (Please Print Clearly) (To be completed by mailer)	Name (Please Print Clearly) (To be completed by	maller)
Greg Williams	M Pat Mitchell	,
Street, Apt/No.; or PO Box No. P. D. Box 431 Hwy 5@ (ate Pd 5-33	Street, Apt. No.; or PO Box No.	
City, State, ZIP+4	City, State, ZIP+ 4	65020
PS:Form:3800, July:1999: See Reverse for Instructions		e Reverse for Instructions:
	(1) C-03-67	1
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
■ Complete items 1, 2, and 3. Also complete	A. Signature	
item 4 if Restricted Delivery is desired.		Agent
Print your name and address on the revers so that we can return the card to you.		ddressee of Delivery
Attach this card to the back of the mailpied or on the front if space permits.	ce, To well others	,
1. Article Addressed to:	D. Is delivery address different from item 1?	
Pat Mitchell	If YES, enter delivery address below:	10
Fattilitati	AEEK A	
P.O.Box 816 Linn Creek MO. 65052	NOV NOV	
Linn Creek MO.		
65052	3. Service Tipe Z C Cetified Mail Express Mail	•
J - 35	☐ Registered ☐ Return Receipt for Me	rchandise
	☐ Insured NSPS C.D.	
	4. Restricted Delivery? (Extra Fee)	Yes

PS Form 3811, August 2001

(Transfer from service label) 7099

2. Article Number

6428

3220 0009 3699

Domestic Return Receipt

<u>3220 0009 3699</u>

102595-01-M-2509

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ 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. C. Date of Delivery B. Received by (Printer Mame) Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: ff (15, enter delivery address below: Osage Water Co P.O. Box 650, Huy 5 at SdSM Late Rd. 5-33 Sunrise Beach, MO _এখ্য, Leitined Mail Return Receipt for Merchandise 65079 ☐ Registered SUNTISE DEACHERS ☐ Insvreid Mail 4. Restricted Delivery? (Extra Fee) 2. Article Number (Transfer from service label) 7099 3220 0009 PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509

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

Article Sent To:

Postage \$
Certifled Fee
(Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees

Name (Please Print Clearly) (To be completed by mailer)
Street, Apri. No.; or PO Box No.

City, State, Zip+4

PS Form 3800, July 1999
See Reverse for Instructions