

**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**

WC-03-67

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>9/2/02</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Greg Williams P.O. Box 431, Hwy 5 at Lake Rd. 5-33 Sunrise Beach, MO 65079</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7099 3220 0009 3699 6428</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2506

WC-03-67  
8-29-02

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: _____	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage &amp; Fees \$ _____</p>	<p>Postmark Here</p>
<p>Name (Please Print Clearly) (To be completed by mailer) <u>Greg Williams</u></p> <p>Street, Apt. No., or PO Box No. <u>P.O. Box 431 Hwy 5 @ Lake Rd 5-33</u></p> <p>City, State, ZIP+4 <u>Sunrise Beach MO 65079</u></p>	

PS Form 3800, July 1999 See Reverse for Instructions

WC-03-67

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: _____	
<p>Postage \$ _____</p> <p>Certified Fee _____</p> <p>Return Receipt Fee (Endorsement Required) _____</p> <p>Restricted Delivery Fee (Endorsement Required) _____</p> <p>Total Postage &amp; Fees \$ _____</p>	<p>Postmark Here</p>
<p>Name (Please Print Clearly) (To be completed by mailer) <u>Pat Mitchell</u></p> <p>Street, Apt. No., or PO Box No. <u>P.O. Box 777</u></p> <p>City, State, ZIP+4 <u>Camden MO 65020</u></p>	

PS Form 3800, July 1999 See Reverse for Instructions

WC-03-67

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Pat Mitchell P.O. Box 816 Linn Creek MO 65052</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) <u>7099 3220 0009 3699 6497</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

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

WC-03-67

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<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>		<p>A. Signature  <i>Debra J. Williams</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery 09/19/02
<p>1. Article Addressed to:          Osage Water Co          P.O. Box 650, Hwy 5 at          Lake Rd. 5-33          Sunrise Beach, MO          65079</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>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"/> Signature Required</p>	
<p>2. Article Number          (Transfer from service label) 7099 3220 0009 3699 6411</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

WC-03-67

7099 3220 0009 3699 6411

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
Name (Please Print Clearly) (To be completed by mailer)	
Osage Beach Water Co Lake Rd	
P.O. Box 650 Hwy 5 at 5-33	
City, State, ZIP+4	
Sunrise Beach MO 65079	
PS Form 3800, July 1999 See Reverse for Instructions	