

MISSOURI PUBLIC SERVICE COMMISSION

October 27, 2006

Case No. GC-2007-0169

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

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

Missouri Coalition for Fair Competition
Terry Allen
102 E. High, Suite 200
P.O. Box 1702
Jefferson City, MO 65102

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

7005 0390 0003 2886 3022

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
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Total Postage	
Sent To	Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101
Street, Apt. No. or PO Box No.	
City, State, Zip	

PS Form 3800, June 2002 See Reverse for Instructions

Sincerely,

Colleen M. Dale
Secretary

GC-2007-0169 10/27/06	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>James E. P...</u></p> <p>C. Date of Delivery <u>10/28/06</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Laclede Gas Company Legal Department 720 Olive Street St. Louis, MO 63101</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)</p> <p>7005 0390 0003 2886 3022</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540