



## ENTRY OF APPEARANCE

CASE NUMBER <b>OR-2003-0517</b>	IN RE <b>UNION ELECTRIC COMPANY d/b/a AMERENUE</b>
NAME <b>Thomas M. Byrne</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>1901 Chouteau Ave MC 1310</b> <b>St. Louis, MO 63103</b>	
Tel: <b>(314) 554-2514</b>	
APPEARING FOR <b>Ameren UE</b>	
<b>FILED</b> <b>JAN 23 2004</b> <b>Missouri Public Service Commission</b>	
TRANSCRIPT ORDER <input checked="" type="checkbox"/> Number of Copies of Printed Transcript <input type="checkbox"/> Number of Copies of ASCII Diskette* <input type="checkbox"/> E-mail address _____	
TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input checked="" type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)	
*Note: To receive an ASCII Diskette of the transcript, the written request for an ASCII Diskette must be made at the time of hearing and a printed copy of the transcript must be purchased.	

## WAIVER OF READING OF TRANSCRIPT BY COMMISSIONERS

Section 536.080(2) RSMo. requires in contested cases that each official of an agency who renders or joins in rendering a final decision either hear the evidence, read the full record including all of the evidence, or personally consider portions of the record cited or referred to in an argument or brief. By written stipulation or oral stipulation in the record at a hearing, the parties may waive the reading of the transcript.

Pursuant to this section, \_\_\_\_\_  
(PARTY)  
waives the reading of the transcript by this Commission.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT  
▶

## WAIVER OF PREPARATION OF TRANSCRIPT

Section 386.420.4 RSMo. provides that preparation of a printed transcript may be waived by unanimous consent of all the parties.

Pursuant to this section, \_\_\_\_\_  
(PARTY)  
waives the preparation of a printed transcript.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT  
▶



## MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

## ENTRY OF APPEARANCE

CASE NUMBER GR-2003-0577	IN RE. UE Company d/b/a Ameren UE
NAME Shelley A. Woods	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS P.O. Box 899 Jefferson City, MO 65102	
Tel: 573-751-8795	
APPEARING FOR Missouri Department of Natural Resources	<b>FILED<sup>3</sup></b>
JAN 29 2004	
Missouri Public Service Commission	

TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript	<input type="checkbox"/> Mail First Class
<input type="checkbox"/> Number of Copies of ASCII Diskette*	<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.
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## ENTRY OF APPEARANCE

CASE NUMBER	GR-2003-03171	IN RE	Amurte
NAME	Douglas E. Michael	ATTORNEY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	P.O. Box 2280		
APPEARING FOR	Office of the Public Counsel and the Public		
		Tel:	FILED <sup>3</sup>
		JAN 23 2004	
		Missouri Public Service Commission	
TRANSCRIPT ORDER			
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript			
<input type="checkbox"/> Number of Copies of ASCII Diskette*			
E-mail address _____			
TRANSCRIPT DELIVERY (PLEASE CHECK ONE)			
<input type="checkbox"/> Mail First Class			
<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.			
<input type="checkbox"/> Will Pick up at PSC Receptionist's Desk			
<input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____			
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## ENTRY OF APPEARANCE

CASE NUMBER <b>GR. 2003-0517</b>	IN RE
NAME <b>Lera Shemwell</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>PO Box 360, 200 Madison Jefferson City Mo 65102</b>	
Tel: <b>FILED<sup>3</sup></b>	
APPEARING FOR <b>Staff</b>	
JAN 23 2004	
Missouri Public Service Commission	
TRANSCRIPT ORDER	
TRANSCRIPT DELIVERY (PLEASE CHECK ONE)	
<input type="checkbox"/> Number of Copies of Printed Transcript	<input type="checkbox"/> Mail First Class
<input type="checkbox"/> Number of Copies of ASCII Diskette*	<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.
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