MISSOURI PUBLIC SERVICE COMMISSION

August 30, 2006

Case No. IC-2007-0092

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

Eminent Network Technologies, Inc.
d/b/a Interlinc.net
William Steinmeier
2031 Tower Drive
P.O. Box 104595
Jefferson City, MO 65110-4595

Eminent Network Technologies, Inc.
d/b/a Interlinc.net
Mary Ann Young
2031 Tower Drive
P.O. Box 104595
Jefferson City, MO 65110-4595

Spectra Communications Group, LL.
d/b/a CenturyTel
Legal Department
220 Madison St.
Jefferson City, MO 65101

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

Sincerely,

Colleen M. Dale
Secretary

7005 0390 0003 2886 3459

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	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here

Sent To: Legal Department
Street, Apt. No.; or PO Box No.: Spectra Communications Group, LLC d/b/a CenturyTel
City, State, ZIP+: 220 Madison St.
Jefferson City, MO 65101

PS Form 3800, June 2002

IC-07-92 8/30/06

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Legal Department
Spectra Communications Group,
LLC d/b/a CenturyTel
220 Madison St.
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Amy Hamachor ☐ Agent ☐ Addressee

B. Received by (Printed Name) Amy Hamachor
C. Date of Delivery 8/31/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 0390 0003 2886 3459

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