

MISSOURI PUBLIC SERVICE COMMISSION

March 04, 2008

Case No. IC-2008-0285

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

CT Corporation System  
Registered Agent  
c/o CT Corporation System  
120 South Central Ave.  
Clayton, MO 63105

Northeast Missouri Rural Telephone  
Company  
Craig Johnson  
1648-A East Elm  
Jefferson City, MO 65101

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

Sincerely,



Colleen M. Dale  
Secretary

7007 0710 0002 2048 0073

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

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

**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:

The Corporation Company  
Registered Agent for AT&T Corporation  
120 South Central Avenue  
Clayton, MO 63105

2. Article Number (Transfer from serv.) 7007 0710 0002 2048 0073

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☒ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 3-6-08

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3800, August 2006

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