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Missouri Public Service Commission

POST OFFICE BOX 360

JEFFERSON CITY MISSOURI 65102

573-751-3234 573-751-1847 (Fax Number)

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February 01, 2010

5 STAR HOMES & DEV. CO, INC. 69 SCHAPER RD FORISTELL, MO 63348

RE: MUGLER, MICHELLE & HANS

Dear Sir or Madam:

This is to inform you that the Department of Manufactured Housing and Modular Units has received a consumer complaint involving a manufactured home purchased from your dealership. The consumer's complaint form is enclosed.

Pursuant to Section 700.100.3(6) RSMo 1994, manufactured home dealers are responsible to arrange for the proper initial setup of any manufactured home or modular unit purchased from their dealership, unless the dealer receives a written waiver of that service from the purchaser or his authorized agent.

Please investigate this complaint and refer to any items on the complaint form that may indicate setup problems. You are required to correct any noted setup deficiencies you are responsible for and mail or fax the enclosed work order to this office within 20 days from receipt of this notification. The work order must be signed by the homeowner, and must list any setup deficiencies that have been corrected.

A Manufactured Housing Inspector will contact this homeowner after 20 days to see if their complaint has been resolved. If necessary, the Inspector will schedule a complete inspection of the home, including setup.

Please note that failure to correct setup deficiencies could result in a formal complaint being brought before the Public Service Commission for enforcement measures.

Thank you for your prompt attention to this matter. Should you have any questions, do not hesitate to contact the Manufactured Housing & Modular Unit Program at 800-819-3180.

Sincerely,

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Ron Pleus, Director Manufactured Housing & Modular Units Program

Enclosure







SCHEDULE •



Missouri Public Service Commission Manufactured Housing & Modular Unit Program **Inspection Request/Consumer Complaint Form**

Piease print legibly or type,	10-000014
CONSUMER INFORMATION (REQUIRED)	OFFICE USE ONLY
Name Michelle + HANS Mugler	Fle Name Musler, Michelle & HAUS
Address 131 College Ave	Inspectar HADEN. Received by: PAB
city/state/Zip KIRKWOOD, MO 63122	Date of Inquiry: Date of Receipt: 2-11/10
County St. LOULS	HOME INFORMATION (REQUIRED)
Work Phono 314 984-8312	New or Used . Single or Multi-Section
Home Phone 314 909 - 0777	Set Up Basement Foundation Piers
Other Phone 314 304.7854	Serial Number (<u>REQUIRED</u>)
MANUFACTURER INFORMATION (REQUIRED)	HUO Labol Number
Name Contempri Homes	Model
Address 1000 West Water.	Date of Manufacture: Date of Delivery:
City/state/Zip PINCKNEYVILLE, IL 62274	Has the home been moved from original location? [] Yes [] No
DEALER INFORMATION (REQUIRED)	Are you the first owner of the home? Yes No
Name FIVE STAR HOMES	INSTALLER INFORMATION (IF KNOWN)
Addioss 69 Schaper Rd	Name:
City/state/Z/p FORUSTCII, MO 63348	Decal#;
REASON FOR REQUEST (REQUIRED)	
List each concern separately. Do not write concerns in paragraph form.	
¹ Contract w/ Flue Star Homes dated May 31, 2008 still don't have home ² Site not ready for home to be installed; things 5 Stan needs to do	
² Site not ready for nome to be installed; things 5 Stan needs to do ³ Backfill yard	
4. POUR basement \$10000 + Grazzage Floor	
5. Build Garage and ROOF It	
6. Build Porch and ROOF it	
7. Build Laindry Room	
· Set the home + install the home	
» install sill plate + Beams	DECEIVEN
10. Basement staiks	
11. Pour driveway + sidewalks	FEB:0 1 2010
12. 13.	MANUFACTUBED HOUSING
14,	MANUFACTURED HOUSING DEPARTMENT
15.	
Attach additional sheets if necessary.	
Signature of Consumer (REQUIRED) MICHELL MUGLEr	Date 2.1.2010
This form must be completed in full and submitted with a copy of the Bill of Sale or Purchase Agreement. (REQUIRED)	
	2HONE: 600-619-3180 2AX: 573-522-2509
	FOR 0107222000