





Commissioners

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#### Missouri Public Service Commission

POST OFFICE BOX 360
JEPRERSON CITY MISSOURI 65102
573-751-3234
573-751-1847 (Fax Number)
http://www.psc.mo.gov

March 11, 2010

WESS A, HENDERSON Executive Director

DANA K. JOYCE
Director, Administration and
Regulatory Policy

ROBERT SCHALLENBERG Director, Utility Services

NATELLE DIETRICH Director, Utility Operations

STEVEN C. REED Secretary/General Counsel

KEVIN A. THOMPSON Chief Staff Counsel

**6** Reporter

Jeff Kasten
5 Star Homes and Development Company, Inc.
69 Schaper Road
Foristell, MO 63348

RE: Final Notice

Dear Mr. Kasten:

This letter is our final notice to you regarding your company's repeated failure to repair the Grady home and to deliver three new homes sold by your dealership.

Please be warned that any further delay on your part to take the corrective actions required of your dealership, under Missouri statute and Commission rule, will result in our taking legal action against your company.

Our records indicate that 5 Star Homes and Development Co., Inc. (5 Star) has four outstanding consumer complaints with our office; one complaint is for a home sold and set up by 5 Star in which our Field Inspector, Tim Haden, identified various installation deficiencies which have not been corrected, and three complaints are for homes sold by 5 Star in which the buyers made a down payment as required, however, 5 Star has repeatedly failed to make delivery to the buyers.

Regarding the Jeff and Ann Grady home located at 25453 Maywood Road, in Versailles, Missouri, 5 Star has repeatedly failed to correct the deficiencies noted by our Field Inspector, Tim Haden, which he communicated to you by a letter dated December 1, 2009, along with a copy of the original inspection report dated November 24, 2009. This first letter gave 5 Star 20 days to make the necessary repairs. 5 Star failed to make the repairs.

We sent 5 Star a second letter and second inspection report of the Grady home dated January 8, 2010, allowing another 10 days to make the required repairs. To date, we have not received any repair or work orders from 5 Star indicating the completion of the required repairs. Failure to correct these deficiencies violates Section 700.100 RSMo.

Jeff Kasten
5 Star Homes and Development Company, Inc.
March 11, 2010
Page 2

Furthermore, Section 700.045 (5) states it shall be a misdemeanor to fail to correct a code violation in a modular unit within a reasonable time not to exceed 90 days after being ordered to do so in writing by an authorized representative of the Commission.

In addition, we have not received any information from 5 Star regarding the homes sold and not delivered to their buyers; Timothy Gordon of 2842 Foxwood Drive, Maryland Heights, Missouri, and Kenneth White of 175 Criderville, O'Fallon, Missouri, and Michelle & Hans Mugler of 131 College Avenue, Kirkwood, Missouri.

A letter dated November 3, 2009, along with a copy of each buyer's complaint against your company was mailed to 5 Star requiring the delivery of the homes to each buyer. However, as of this date, the homes still have not been delivered to the buyers. (Copies are attached).

Taking money from buyers and not delivering and setting up the new homes are violations of Section 700.100.3 (4) and (6) and the Missouri Merchandising Practices Act Section 407.020.

If the corrections to the Grady home are not made, and the Gordon, White and Mugler homes are not delivered within 10 days from the date of this third and final letter to you on this matter, a formal complaint will be filed against 5 Star seeking the revocation of the dealer registration and permission to seek penalties against 5 Star in Circuit Court.

Should you have any questions, you may contact me at 1-800-819-3180.

Sincerely,

Ron Pleus

**Program Director** 

Manufactured Housing & Modular Units Program

RP/slr

cc: R.S. Berlin, Senior Staff Counsel

Oleus

**Enclosures** 

Certified Mail No: #7008 2810 0001 2932 7891





### Inspection Report

Send Work Order to: Manufactured Housing & Modular Units Program P.O. Box 360 Jofferson City, MO 65102 Phone: 1-800-819-3180 or Fax to 573-522-2509

Consumer Information JEFF & ANN GRADY 1817 MORVEN OVERLAND, MO 63114 Home Phone: (314) 427-7350 Work Phone: (314) 537-5639

Dealer-MD 5 STAR HOMES & DBV. CO, INC. 69 SCHAPER RD. FORISTELL; MO 63348 Phone: (636) 463-2262

MFG-MD CONTEMPRI INDUSTRIES, INC 1000 WEST WATER ST PINCKNEYVILLE, IL, 62274 Phone: (618) 357-5361

Basement Poured/Block Foundation Proofings Runners Base Pad Slab

Date of Manufacture: 09/04/2009 Model: 2853 Gradycone State Seal: 032598 Serial Number: 2853 Size: 32 x 46 Installation Date: 11/16/2009 Inspection Date: 11/24/2009 Inspector Name: Tim Haden

Home Information

Responsibilities
Manufacturer to correct items: 1
Dealer to correct items: 2-5

Note: At the time of this inspection the installation of this modular unit was incomplete. Additional inspections will be conducted.

Pursuant to section R-104.1 of the IRC, these items are not in compliance.

SUMMARY OF MANUFACTURER DEFECTS:

1) The section of roof built on site to the the roof sections together is not properly constructed according to the manufactures set up and erection manual and R802, 2006 IRC. Also, there is insufficient construction information provided in the manufactures approved design for the construction of this roof section, finishing the interior walls and insulation. The finished construction of this roof section and interior walls will require on-site inspection and approval by the manufactures approved third party inspection agency. Re-inspected 1/5/10, incomplete.

Dealer to correct the following set up deficiencles within 20 days.

#### SUMMARY OF DEALER ITEMS:

2) The Wood foundation wall is not properly constructed.

a) The sheathing is not fastened to the studs properly. The sheathing is required to be fastened to stude using 6d nails spaced at 6" on the edges and 12" at intermediate supports. Re-inspected 1/5/10, corrected.

b) There is no header installed in the wood foundation wall in the bump-out for the fireplace. Re-inspected 1/5/10,

c) The sheathing does not cover the window headers. Re-inspected 1/5/10, corrected ...

d) The corners of the wood foundation wall are not fastened together properly. The corner stude are required to be fastened together using 16d nails spaced at 12". Re-inspected 1/5/10, corrected.

e) The bottom plate of the wall is not bolted to the foundation. Re-inspected 1/5/10, incomplete.

See manufactures set up and erection manual, manufactures approved foundation plan and R602 2006 IRC.

3) The support columns are not fastened in place to prevent lateral displacement as required. R407.3 2006 IRC. Re-Inspected 1/5/10, incomplete.

Inspected 1/5/10, incomplete.

4) There are electric NM cables installed at angles and attached directly to the bottom of the floor joists in the basement.

These NM electric cables are required to be run through bored holes in the floor joists or on running boards. B3702,4 2006 IRC. Re-inspected 1/5/10, incomplete.

5) The front half of the home is installed over an unconditioned crawl space. The floor over the crawl space is required to be insulated according to N1102 and table N1102.1 2006 IRC. Also, the basement foundation wood wall and rim joist is required to be insulated and the area conditioned, or the floor over the basement area will require insulation according to N1102 and table N1102.1 2006 IRC. Re-inspected 1/5/10, incomplete.





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

Name TINGTHY T. + DOWA M. GORDON  Name TINGTHY T. + DOWA M. GORDON  Inspector, Deanly  Inspector, Deanly  Received by: 1886  Address 2,842 FOXWOOD OR  CitylState/Ip MARYLAND HEIGHTS, MISSOVEL 63043  Date of Inquiry: Date of Receivet III 3/59  HOME INFORMATION (REQUIRED)  Work Phone N/A (RETIRED)  Home Phone 3/4-298-9629  Serial Number (REQUIRED) //A (NOT MANE YET)  HOME Phone 3/4-37-83/2  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPEL HOME: INAUSTRIES, INC.  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPEL HOME: INAUSTRIES, INC.  Date of Manufacture: N/A. Date of Definer: N/A.  Address 1000 WEST WATER STREET  Has the home been moved from original location: West QTRO  City/State/Ip P/WCKNEY VILLE (L. C. 2.274/  DEALER INFORMATION (REQUIRED)  Name 55/AR HOME 40EVEL OPWANT CO. INC.  NAME  City/State/Ip FORISTELL, MISSOVEL 6334/8  City/State/Ip FORISTELL, MISSOVEL 6334/8  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in peregraph form.  1. DEALER HAS 458,000 OF OUR MONEY (MANUS 412,500 HE SENT & FASTONEY)  2. FACTORY SAYS 412,500 LS NOT PANUEL TO STAKE CONTRACT (WILK DEPLYRED)  4. DEALER WERS ALL SON LS NOT PANUEL TO STAKE CONTRACT (WILK DEPLYRED)  6. DEALER WANT, MASSIVE OFFICE OR HIS COLL PHONE.  6. DEALER WANT, MASSIVE OFFICE OR HIS COLL PHONE.  6. DEALER WANT, MASSIVE OFFICE OR HIS COLL PHONE.  6. OKALER WANT, MASSIVE OFFICE OR HIS COLL PHONE.	Please print legibly or type.	09-000/58	
Name TIMOTHY I + DOWNA M. GORDON   File Name GORDON   Importor, Premary   Received by: BB   Address 2 RY2 FOXWOOD DR.   Importor, Premary   Received by: BB   Address 2 RY2 FOXWOOD DR.   Importor, Premary   Received by: BB   City/State/77 MARY LAND NEIGHTS, MISSOURI 63043   Date of Inquiry: Date of Received by: BB   HOME INFORMATION (REQUIRED)   HOME INFORMATION (REQUIRED)   HOME INFORMATION (REQUIRED)   Reverse or Date of Inquiry: Date of Received by: BB   Work Phone 314 - 298 - 9629   Roll Section   Pieces   Home Phone 314 - 298 - 9629   Roll Section   Pieces   Home Phone 314 - 298 - 9629   Roll Section   Pieces   Home Phone 314 - 298 - 9629   Roll Section   Pieces   MANUFACTURER INFORMATION (REQUIRED)   HUD Label Number   REQUIRED   MID Label Number   REQUIRED   MID Label Number   REQUIRED   MID Label Number   REQUIRED   MID Label Number   Required   Reduired   Roll Section   Pieces   Roll Section No.	CONSUMER INFORMATION (REQUIRED)	OFFICE USE ONLY	
Address 2842 FOXWOOD DR  City/State/IP MARYLAND HEIGHTS, MISSOVEL 63043  Date of Inquity:  Date of Receipt: 11/3/69  HOME INFORMATION (REQUIRED)  Work Phone N/A (RETIRED)  Home Phone 3/4-298-9629  Setal Number (REQUIRED) N/A (NOT MANGE YET)  MANUFACTURER INFORMATION (REQUIRED)  MANUFACTURER INFORMATION (REQUIRED)  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPP! HOMES INDUSTRIES, INC.  Address 1000 WEST WATER STREET  City/State/IP PINCKNEY VILLE ILL 62274  DEALER INFORMATION (REQUIRED)  Name 53AR Home 40EVEL OPMENT CO. INC.  Name:  City/State/IP FORISTELL MISSOVEL 63348  City/State/IP FORISTELL MISSOVEL 63348  City/State/IP FORISTELL MISSOVEL 63348  City/State/IP FORISTELL MISSOVEL 63348  Decat if:  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in peregraph form.  1. OCAVER HAS 155,000 OF OUR MOVEY (MANUS 1/12,500 BE SENT 16 FASTOXY)  2. FACTORY SAYS 1/2,500 IS NOT UNIVER TO STAKE CONSTRUCTION (SO, NAME CONST. HAS NOT STAKES.)  3. DEALER VERBALLY PROMISED CUR HOME LICITY CONSTRUCTION (SO, NAME CONST. HAS NOT STAKES.)  4. DEALER WORKS A 1/2,500 IS NOT UNIVER TO STAKE CONSTRUCTION (SO, NAME CONST. HAS NOT STAKES.)  5. OKALIR WOMA ANSWER OFFICE OR HIS COLL PHONE.  6. OKALIR WOMA ANSWER OFFICE OR HIS COLL PHONE.  6. OKALIR WOMA ANSWER OFFICE OR HIS COLL PHONE.			
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Work Phone N/A (RETIRED)  Home Phone 3/4-298-9629  Other Phone 3/4-737-83/2  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPE! #EMES INDUSTRIES, INC.  Model NEW HAVEN I (RANCH)  Address 1000 WEST WATER STREET  City/State/IP PINCKNEY VILLE, ILL. 62274  DEALER INFORMATION (REQUIRED)  Name 55/AR Home 40210 Opment CO. INC.  Address 69.5CHAPER RD  City/State/IP FOR 1STEIL MISSOUR/ 63348  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in paragraph form.  1. DEALER HAS \$158,000 OF OUR MONEY (MINUS \$1/2,500 Hz SENT 12 FASTOICY)  2. FACTORY SAYS \$1/2,500 LS NOT DANCH TO START CONSTRUCTION (SO, HOME COUST, HAS NOT STARTS)  3. DEALER VERBALLY PROMISED OUR HOME 100 //2 COMPLETE BY SELTEMBLE 2009  4. DEALER WANT ANSWER OFFICE OR HIS COLL PHONE  6. DEALER WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE  6. OKALIR WANT ANSWER OFFICE OR HIS COLL PHONE			
Home Phone 314-298-9629  Other Phone 314-737-8312  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPLI HOMES INDUSTRIES, INC.  Nodel New HAVEN I (CANCH)  Date of Manufacture: N/A- Date of Delivery: N/A-  Address 1000 WEST WATER STREET  City/Islate/Zip PINCKNEY VILLE IM. 62274  DEALER INFORMATION (REQUIRED)  Name 55/AR Home 405/21 OPMENT CO. INC.  Note Installer Information (IF KNOWN)  Name:  City/Islate/Zip FORISTELL, MISSONK/ 63348  Decal II:  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in paragraph form.  1. DEALER HAS \$158,000 OF OUR MONEY (MUNUS \$12,500 He Sent to FASTORY)  2. FACTORY SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCTION (SO, NOME CONST. HAS NOT STAICT SAYS \$12,500 IS NOT BADDEH TO STAICT CONSTRUCT ON SCAN SCAN STARTES.  3. DEALER VERBALLY FROM SCAN SCAN HOME CONST. HAS NOT STAICT CONSTRUCT ON SCAN SCAN ABSOLAR OFFICE OR HIS COLL PHONE.  6. DRALLER WANT MASSACR OFFICE OR HIS COLL PHONE.  6. OKALLER WANT MASSACR OFFICE OR HIS COLL PHONE.			
Other Phone 3/4-737-83/2  MANUFACTURER INFORMATION (REQUIRED)  Name CONTEMPRI #EMES INDUSTRIES, INC. Model NEW HAVEN II (RANCH)  Address 1000 WEST WATER STREET  City/Islate/Zip PINCKNEY VILLE JIH. (6.2.2.74)  DEALER INFORMATION (REQUIRED)  Name 55/AR HOME DEVID OPMENT CO. INC.  Address 69 SCHAPER RD  City/Islate/Zip FORISTELL. MISSOUR! 63348  City/Islate/Zip FORISTELL. MISSOUR! 63348  City/Islate/Zip FORISTELL. MISSOUR! 63348  City/Islate/Zip FORISTELL. MISSOUR! 63348  Decal #:  PREASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write colocions in peragraph form.  1. DEALER HAS \$158,000 OF OUR MONEY (MINUS \$12,500 He SONT TO FASTORY)  2. FACTORY SAYS \$12,500 IS NOT CANUCH TO START CONSTRUCTION! (SO, NOME CONST. HAS NOT SANTE)  3. DEALER VERBALLY FROM SEN OUR HOME USING COMPLETE BY SETTEMBER 2009  4. DEALER NEWLY ANSWER OFFICE OR HIS COLL PHONE  6. DEALER NEWLY CALLS WHEN WE LEAVE MESSAGES.		***	
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Address 1000 WEST WATER STREET  Address 1000 WEST WATER STREET  Bale of Manufacture: N/A  Deale of Manufacture: N/A  Deale of Manufacture: N/A  Deale of Manufacture: N/A  Has the home been moved from original location? Yes Are you the first owner of the home? Yes No  Name 55/AR HOME &VEVE OPMENT CO. //X  Address 69 SCHAPER RD  City/State/Zip FORISTELL, MISSOVK/ 63348  Decal #  City/State/Zip FORISTELL, MISSOVK/ 63348  Decal #  List each concern separately. Do not write concerns in peregraph form.  1. DEALER HAS 1158,000 OF OUR MONEY (MINUS \$1/2,500 NE SOUT TO FACTORY)  2. FACTORY SAYS \$1/2,500 LS NOT ENOUGH TO STAIRT CONSTRUCTION (SO, NOME CONST. HAS NOT STAIRTS  3. DEALER VERRALLY PROMISED OUR HOME LIGHTS COMPLETE AX SEPTEMBLE 2009  4. DEALER WANT ANSwere OFFICE OR HIS COLL PHONE  6. OK ALIR WANT ANSwere OFFICE OR HIS COLL PHONE  6. OK ALIR WANT ANSwere OFFICE OR HIS COLL PHONE	MANUFACTURER INFORMATION (REQUIRED)	<u></u>	
Address 1000 WEST WATER STREET  City/State/Zip P/WCKNEY VILLE 114 62274  BEALER INFORMATION (REQUIRED)  Name 5.57AR HOME & DEVELO OPMENT CO. INC.  Address 69 SCHAPER RD  City/State/Zip FOR 13 TELL. MISSONK   63348  Decat #:  REASON FOR REQUIRED)  List each concern separately. Do not write concerns in paragraph form.  1. DEAVER HAS \$158,000 OF OUR MONEY (MINUS \$12,500 HE SOUT TO FACTORY)  2. FACTORY SAYS \$12,500 IS NOT ONDUCH TO STAKE CONSTRUCTION (SO, NOME CONST. HAS NOT STAKES.  3. DEALER VERNALLY PROMISED OUR HOME IN COMPLETE BY SEPTEMBER 2009  1. DEALER WANT ANSWER OFFICE OR HIS COLL PHONE  6. OUR HOME WANT ANSWER OFFICE OR HIS COLL PHONE  6. OUR ALTO WANT RETURN CALLS WHEN WE LEAVE MESSAGES.	Name CONTEMORI HOMES INDUSTRIES, INC.	Model NEW HAVEN IL (RANCH)	
City/State/Zip PINCKNEY VILLE, ILL. 62274  DEALER INFORMATION (REQUIRED)  Name 5 STAR HOME & DEVELO OPMENT CO. INC.  Address 69 SCHAPER RD  City/State/Zip FOR 1 STELL, MISSOUR! 63348  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in paragraph form.  1. DEALER HAS \$158,000 OF OUR MONEY (MINUS \$12,500 He SENT TO FACTORY)  2. FACTORY SAYS \$12,500 IS NOT BANUEH TO START CONSTRUCTION (SO, HOME CONST. HAS ANT STARTS)  3. DEALER VERBALLY PROMISED OUR HOME 100% COMPLETE BY SELTEMBER 2009  1. DEALER VERBALLY PROMISED OUR HOME 100% COMPLETE BY SELTEMBER 2009  1. DEALER WANT MISSURE OFFICE OR HIS COLL PHONE  6. OKALER WANT MISSURE OFFICE OR HIS COLL PHONE  6. OKALER WANT MISSURE OFFICE OR HIS COLL PHONE  6. OKALER WANT MISSURE OFFICE OR HIS COLL PHONE	Address 1000 WEST WATER STREET	Date of Manufacture: N/A Date to Dentrol, N/A	
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Name:  Address 69 SCHAPER RD  City/State/Zip FOR/STELL, M/SSOVR/ 63348  REASON FOR REQUEST (REQUIRED)  List each concern separately. Do not write concerns in paragraph form.  1. DEALER HAS 1/58,000 OF OUR MONEY (MUNUS 1/12,500 He SENT TO FACTORY)  2. FACTORY SAYS 1/12,500 LS NOT BANUGH TO START CONSTRUCTION (SO, HOME COUST, HAS NOT STARTED 3. DEALER VERBALLY PROMISED OUR HOME 100% COMPLETE AY SEPTEMBER 2009  4. DEALER VERBALLY PROMISED OUR HOME 100% COMPLETE AY SEPTEMBER 2009  5. DEALER WONT, ANSWER OFFICE OR HIS CELL PHONE  6. OKALPR WONT, ANSWER OFFICE OR HIS CELL PHONE  6. OKALPR WONT, ANSWER OFFICE OR HIS CELL PHONE	DEALER INFORMATION ( <u>REQUIRED)</u>	Are Act the tilst owner or the notion. The TANOMNI.	
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List each concern separately. Do not write concerns in paragraph form.  1. DEALETE HAS \$58,000 OF OUR MONEY (MINUS \$12,500 BE SONT TO FACTORY)  2. FACTORY SAYS \$12,500 IS NOT ENOUGH TO STAIRT CONSTRUCTION (SO, HOME CONST. HAS NOT SHAPE)  3. DEALER VERBALLY FROM ISEN OUR HOME 100% COMPLETE BY SEPTEMBER 2009  4. DEALER PROMISED A \$5,995.00 UTILITY VEHICLE INCENTIVE TO SIGH CONTINET (NUMER DELIVERE)  6. DEALER WANT ANSWER OFFICE OR HIS COLL PHONE  6. OVERLOW WANT RETURN CALLS WHEN WE LEAVE MESSAGES	NEWSTAINTIN TO A LOCALLY AS MOUNT 63248		
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12.	The state of the s		
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Attach additional sheets if necessary.  MANUFACTURED HOUSE DEPARTMENT.	Attach additional sheets if ne	MANUFACTURED HOUSING DEPARTMENT	
Date 30 October, 2007	Markey (Corner (DECNIPED)) 1 5- Hay A: Markey	Date 30 October 2007	
REQUIRED)			
This form must be completed in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the complete in this and submitted with a copy of the	I DETHOUTA: Manufaakii'ali Housillo a Moulesi Viiil/Tivsiqii		





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

Please print legibly or type.	09-000157	
GOVSUMERAN EGRMANON (REGULTED)	OFFICE USE ONLY	
Nama KENNET W. White	File Name Whole, Keynoth W	
Address 175 Criderville DR.	Inspector for LEMAN. Received by: BB.	
City/State/Zip O'Fallow, MO 63366	Date of Inquiry: 10/21/04 Date of Receipt: 11/2/09	
County St. Charles: MO	HOMESURORNATION (REQUIRED)	
Work Phone 634 242-4660	☐ New or ☐ Used ☐ Single or ☐ Multi-Section	
Home Phone ( ' ; /	Set Up 🔲 Basement 🔛 Foundation 📋 Piers	
Other Phone to 1/	Serial Number (REQUIRED)	
*WANDERGIORESANTORINATIONALEGRICEODE	HUD Label Number	
Name 5 Star Homeand Development Company Inc.	Model	
Address 69 Schaper Rd. No office Manufactual	Date of Manufacture: Date of Delivery:	
City/State/Zip Foriste 11, MD 63348 INFO	Has the home been moved from original location? 🔲 Yes 🔲 No	
OUTANTERINFORMATION (REQUIRED) X	Are you the first owner of the home?  Yes  No	
Name 5 Star Home and Development Company Inc.	INSTALLER INFORMATION (IF KNOWN)	
Address 69 Schaner Pol.	Name:	
City/State/Zip Fociste//, MO 63348	Decal#:	
REASON FOR REQUESTA REQUIRED X		
List each concern separately. Do not write concerns in paragraph form.		
Contract over lyk old- all I have is a hale in the ground promised by world		
3. It red to time builder but conjust retreive building deposit 37,250"		
those another builded but cannot afford house without deposit		
5. Six was avaible since April 14th 2009- booke ground 9-7-09 Suppose to Street June		
5 Six movels will par and have to reduce hole in ground not cleep enough		
Thave been paying 250 much I don't trust them to complete job.  Thave been paying 250 month in interest For six months for nothing		
CONTEMPEL Homes was suppose to be Many Factorer - NO CONTENETS to MY KNOW ledge		
0.	***	
11.	DECEIVED	
2.		
3.	NOV 0 2 2009	
4.		
5.	MANUFACTURED HOUSING	
Attach additional sheets if necessary.  DEPARTMENT		
REDIRED Ken White 10/28/09		
his form must be completed in full and submitted with a copy of the Bill of Sale or Purchase Agreement, (REQUIRED)		
ETURN TO: Manufactured Housing & Modular Unit Program PHONE: 800-819-3180 P.O. Box 360, Jefferson City, MO 65102 FAX: 573-522-2509		





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

Pleaso print legibly or type.	10-000014	
CONSUMER INFORMATION (REQUIRED)	OFFICE USE ONLY	
Name Michelle + HANS Mugler	Fle Name Musice, Michelle & HAUS	
Address 131 College Ave	Inspector HARLI Received by: PR	
City/State/Zip KIRKWOOD, MO 63122	Date of Inquiry: Date of Receipt: 2/1/10	
County St. LOULS	HOME INFORMATION (REQUIRED)	
Work Phone 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 (REQUIRED)	
MANUFACTURER INFORMATION (REQUIRED)	HUO Label 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 your the first owner of the home? Yes No	
Name Five Star Homes	Installer information (if known)	
Address 69 Schaper Rd	Name;	
City/State/Zip FORISTCII, MO 63348	Decal#:	
REASON FOR REQUEST (REQUIRED)		
List each concern separately. Do not write concerns in paragraph form.		
1. Contract w/ Five 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 home to be installed; things 5 Stan needs to do 3 Backfill uard		
1. POUR basement From + Graceage Floor		
5. Build garage and koof it		
6. Buld Porch and ROOF it		
1. Buld Laundry Room		
. Set the home + install the home.	100 DOS - 200 DOS -	
" install sill plate + Beams	DECEIVED	
10. Basement Staiks		
11. four driveway + sideway KS	FEB 0 1 2010	
13.	MANUFACTURED HOUSING	
14,	DEPARTMENT	
15.		
Attach additional sheets if necessary.		
Signature of Consumer (REQUIRED) MICHELL MURLEY	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)	
and the contract of the contra	PHONE: 800-819-3180 PAX: 573-522-2509	