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~~Missouri Public Service Commission~~
Manufactured Housing & Modular Unit Program
Consumer Complaint Form

Please print legibly or type.

CONSUMER INFORMATION (REQUIRED)	OFFICE USE ONLY
Name Don Higginbotham	File Name Higginbotham, Don
Address 54-633 H	Inspector Haden, Tim
City/State/Zip Osage Beach, MO. 65065	Date Filed 12-30-02
County Camden	Received By CSD
Work Phone 573-302-7676	Date of Inquiry
Home Phone SAME	**HOME INFORMATION (REQUIRED)**
Other Phone 573-216-3813 (CELL)	(New) Used (Please ▶ the appropriate box.)
MANUFACTURER INFORMATION (REQUIRED)	(Single) Multi-Section (Please ▶ the appropriate box.)
Name Skyline	Serial Number (REQUIRED) 0151-0412-MAB
Address P.O. Box 719	HUD Label Number ULI 499319-20
City/State/Zip Arkansas City, Kan. 67005	Model 64 x 32
DEALER INFORMATION (REQUIRED)	Date of Manufacture 11-12-99
Name Amega Sales	Date of Purchase 5-02-02
Address 111 Eastside Dr.	Date of Installation 7-10-02
City/State/Zip Ashland, MO. 65010	Are you the first owner of the home? (Yes) No

COMPLAINT INFORMATION (REQUIRED)

List each complaint separately. Do not write complaints in paragraph form.

1.
2. Inspect damage and setup of
3.
4. Home
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Attach additional sheets if necessary.

FILED[3]
JUN 25 2004
Missouri Public
Service Commission

Signature of Complainant (REQUIRED) Date 10-23-02

RETURN TO:
Manufactured Housing & Modular Unit Program
P.O. Box 360, Jefferson City, MO 65102
PHONE: 800-819-3180
FAX: 573-522-2509

Revised: May 18, 2000

Exhibit No. 2
Case No(s). MC-2004-1079
Date 6-2-04 Rptr TE

Exhibit 5