

MISSOURI PUBLIC SERVICE COMMISSION
October 6, 2003

Case No. EC-2004-0169

Dana K Joyce
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

John B Coffman
P.O. Box 7800
200 Madison Street, Suite 640
Jefferson City, MO 65102

Michael & Heather Neal
8139 Hemlock Street
Overland Park, MO 66204

Legal Department
Aquila, Inc.
P.O. Box 11660
Kansas City, MO 64138

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

Sincerely,

Dale Hardy Roberts
Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

Article Sent To:

Aquila, Inc. EC-2004-0169

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No., or PO Box No.

P.O. Box 11660

City, State, ZIP+4
Kansas City, MO 64138

PS Form 3800, July 1999

See Reverse

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:

*Aquila, Inc.
Legal Department
P.O. Box 11660
Kansas City, MO 64138*

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6879

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

S. Wood

C. Date of Delivery

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