

MISSOURI PUBLIC SERVICE COMMISSION

July 31, 2006

Case No. SC-2007-0039

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

Central Jefferson County Utilities,
Legal Department
1519 McNutt Road
Herculaneum, MO 63048-1566

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

Sincerely,



Colleen M. Dale
Secretary

7005 0390 0003 2886 2810

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	
Sent To	Central Jefferson County Utilities, Inc.
Street, Apt. No., or PO Box No.	Legal Department 1519 McNutt Road
City, State, ZIP+	Herculaneum, MO 63048-1566

PS Form 3800, June 2002 See Reverse for Instructions

07/31/06

SC-2007-0039

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Sandy Garrison</i></p>	
<p>1. Article Addressed to:</p> <p>Central Jefferson County Utilities, Inc. Legal Department 1519 McNutt Road Herculaneum, MO 63048-1566</p>		<p>B. Received by (Printed Name)</p> <p><i>Sandy Garrison</i></p>	<p>C. Date of Delivery</p> <p><i>8-8-06</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7005 0390 0003 2886 2810</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540