

# MISSOURI PUBLIC SERVICE COMMISSION

July 28, 2003

Case No. TC-2004-0064

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

Cathleen Martin  
Delta Phones, Inc.  
601 Monroe St., Ste. 301  
Jefferson City, MO 65102

Legal Department  
Southwestern Bell Telephone  
Company  
One Bell Center, Room 3520  
St. Louis, MO 63101

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

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

Article Sent To:

Legal Dept.

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark  
Here

Sincerely,

*Dale Hardy Roberts*

Dale Hardy Roberts  
Secretary/Chief Regulatory Law Judge

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

Southwestern Bell Telephone Co.

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

One Bell Center Room 3520

City, State, ZIP+4  
St. Louis 63101

PS Form 3800, July 1999

See Reverse for Instructions

TE THIS SECTION

2. and 3. Also complete  
1 Delivery is desired.  
id address on the reverse  
urn the card to you.  
the back of the mailpiece,  
ace permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *D. Hardy*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Daniel Reed*

C. Date of Delivery

*7/29*

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

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6763

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2505