

MISSOURI PUBLIC SERVICE COMMISSION
September 15, 2003

Case No. TC-2004-0127

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

Legal Counsel
U.S. Wats, Inc.
2 Greenwood Square, Suite 275
Bensalem, PA 19020

Enclosed find a certified copy of a NOTICE 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:

U.S. Wats, Inc.

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

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

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

2 Greenwood Sq. Ste 275

City, State, ZIP+4

Bensalem PA 19020

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:

Legal Dept.
U.S. Wats, Inc.
2 Greenwood Square, Ste. 275
Bensalem, PA 19020

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6817

PS Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

M. Hays

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-18-03

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

102595-01-M-2509