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 Department
BarTel Communications, Inc.
333 Leffingwell, Suite 101
St. Louis, MO 63122

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)

7099 3220 0009 3699 6831

Article Sent To:
Bar Tel Comm.

Postage	$	Postmark Here
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. 333 Leffingwell Ste 101
City, State, ZIP+4 St. Louis MO 63122
PS Form 3800, July 1999 — See Reverse for Instructions

TC-04-0127

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..., and 3. Also complete ... Delivery is desired. ... address on the reverse ... the card to you. ... the back of the mailpiece, ... space permits.

Legal Dept.
BarTel Communications, Inc.
333 Leffingwell, Ste 101
St. Louis, MO 63122

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent ☐ Addressee
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

SEP 22 USPS

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
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