



State of Missouri

Office of Secretary of State

No. 703 1010 0002 6631 5542

To CORRIGAN ASSOCIATES MISSOURI LIMITED PARTNERSHIP

1828 WALNUT KANSAS CITY, MO 64108

Name of defendant

Last known residence or place of abode

You will take notice that original process in suit against you, a copy of which is hereto attached was duly served upon you at Jefferson City, Cole County, Missouri, by serving same on the Secretary of State, State of Missouri, or a Deputy.

Dated at Jefferson City, Missouri, this 30th day of MARCH, 20 04.

STAFF OF THE PUBLIC SERVICE COMMISSION

BRUCE H BATES

Plaintiff

P.O. BOS 360 JEFFERSON CITY, MO 65102

Attorney for Plaintiff

Address of Attorney for Plaintiff

Secretary of State

Mailed by restricted United States mail "Deliver to Addressee Only."

Process was served on Secretary of State or Deputy on MARCH 30, 20 04 at 10:00AM

(Date)

(Hour)

AFFIDAVIT

State of Missouri, } ss.
County of Cole

The undersigned, Matt Blunt, Secretary of State of Missouri, hereby makes oath and certifies that the original of above notice to defendant was mailed at the United States Post Office in Jefferson City, Missouri, on MARCH 30, 20 04, by restricted registered or certified mail which carried on the face thereof in a conspicuous place where it will not be obliterated the endorsement, "Deliver to Addressee Only," and which also required a return receipt therefor, or a statement by the Postal authorities as to the disposition thereof.

☒ Attached hereto is the return receipt for said mail.

☐ Attached hereto is said registered or certified mail marked " " by the Postal authorities as the reason delivery was not completed.

R. L. Howard
Notary Public - Notary Seal
STATE OF MISSOURI
Moniteau County
My Commission Expires: 2-18-08

Secretary of State

by Brenda Rieker, Commissions Officer

Subscribed and sworn to before me at my office in Jefferson City, Cole County, Missouri, this 20 day of April, 20 04.

Notary Public

My Commission Expires

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 <i>X Barbara Klein</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p>		<p>B. Received by (Printed Name) _____ C. Date of Delivery <u>4/2/04</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7003 1010 0002 6631 5542</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Sec. of State/Commissioners
P.O. Box 784
300 W. Main, MSIC, Rm. 367
Jefferson City, MO 65102

COMMISSION DIVISION
SECRETARY OF STATES OFFICE

APR 12 2004

RECEIVED