

MISSOURI PUBLIC SERVICE COMMISSION
December 4, 2003

Case No. TC-2004-0243

Dana K Joyce
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Legal Department
SBC Missouri
One SBC Center, Room 3518
St. Louis, MO 63101

John B Coffman
P.O. Box 7800
200 Madison Street, Suite 640
Jefferson City, MO 65102

Heather Corcoran
Heather Corcoran
6160 McPherson Ave
St. Louis, MO 63112

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:

SBC MO

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)

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

One Bell Center Room 3518

City, State, ZIP+4

St. Louis MO 63101

PS Form 3800, July 1999

See Reverse for Instructions

Attach this card to the back of the mailpiece,
or on the front if space permits.

COMPLETE THIS SECTION

1, 2, and 3. Also complete
and Delivery is desired.
and address on the reverse
turn the card to you.

1. Article Addressed to:

Legal Department
SBC Missouri
One Bell Center, Room 3518
St. Louis, MO 63101

2. Article Number (Copy from service label)

7099 3220 0009 3699 7005

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

T. Hoffman

B. Date of Delivery

12/5

C. Signature

X [Signature]

☐ Agent

☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes