MISSOURI PUBLIC SERVICE COMMISSION

September 26, 2006

Case No. TC-2007-0111

General Counsel's Office
P.O. Box 360
200 Madison Street, Suite 800
Jefferson City, MO 65102

Lewis R. Mills, Jr.
P.O. Box 2230
200 Madison Street, Suite 650
Jefferson City, MO 65102

Comcast IP Phone, LLC
Legal Department
4700 Little Blue Parkway
Independence, MO 64057

CT Corporation System
Registered Agent
120 South Central Ave.
St. Louis, MO 63105

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

Sincerely,

Colleen M. Dale
Secretary

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: CT Corporation System
Registered Agent
120 South Central Ave.
St. Louis, MO 63105

PS Form 3800, June 2002

7005 0390 0003 2886 2995

Sent To: Comcast IP Phone, LLC
Legal Department
4700 Little Blue Parkway
Independence, MO 64057

PS Form 3800, June 2002 See Reverse

7005 0390 0003 2886 2988

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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:

Comcast IP Phone, LLC
Legal Department
4700 Little Blue Parkway
Independence, MO 64057

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery 10-2-06

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) 7005 0390 0003 2886 2988

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

CT Corporation System
Registered Agent
120 South Central Ave.
St. Louis, MO 63105

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) 7005 0390 0003 2886 2995

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M