

# MISSOURI PUBLIC SERVICE COMMISSION

December 14, 2007

Case No. TC-2008-0191

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

Duke Manufacturing Company  
Diana Vuylsteke  
211 N. Broadway, Suite 3600  
St. Louis, MO 63102

McLeodUSA Telecommunications  
Services, Inc.  
Legal Department  
1 Marthas Way  
P.O. Box 3177  
Hiawatha, IA 52233

The Corporation Company  
Legal Department  
120 S. Central Ave.  
St. Louis, MO 63105

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)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

|   |    |
|---|----|
| Postage   | \$ |
| Certified Fee                                     |    |
| Return Receipt Fee<br>(Endorsement Required)      |    |
| Restricted Delivery Fee<br>(Endorsement Required) |    |

Total Pos

McLeodUSA Telecommunications  
Services, Inc  
Legal Department  
1 Marthas Way  
PO Box 3177  
Hiawatha, IA 52233

Sent To  
Street, Apt.  
or PO Box  
City, State

PS Form 3811, February 2004

Sincerely,

Colleen M. Dale  
Secretary

## 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:

McLeodUSA Telecommunications  
Services, Inc  
Legal Department  
1 Marthas Way  
PO Box 3177  
Hiawatha, IA 52233

### 2. Article Number

(Transfer from service label)

## COMPLETE THIS SECTION ON DELIVERY

### A. Signature

x

☐ Agent  
☐ Addressee

### B. Received by (Printed Name)

SHANKMAN

### C. Date of Delivery

12/17/07

### 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

7004 1350 0003 1351 9873

7004 1350 0003 1351 9880

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**OFFICIAL USE**

|   |    |                  |
|---|----|------------------|
| Postage   | \$ | Postmark<br>Here |
| Certified Fee                                     |    |                  |
| Return Receipt Fee<br>(Endorsement Required)      |    |                  |
| Restricted Delivery Fee<br>(Endorsement Required) |    |                  |
| Total Paid  |    |                  |

**Sent To**  
**The Corporation Company**  
**Legal Department**  
**120 S Central Ave.**  
**St. Louis, MO 63105**

*Street, Apt or PO Box*  
*City, State*

PS Form 3811, February 2004

TC-2008-0191 12-14-07

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

The Corporation Company  
 Legal Department  
 120 S Central Ave.  
 St. Louis, MO 63105

2. Article Number  
 (Transfer from service label)

7004 1350 0003 1351 9880

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Reyes* ☐ 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

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes