



## MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

## ENTRY OF APPEARANCE

CASE NUMBER <b>TC-2002-194</b>	IN RE <b>Alma et al v. SWBT et al</b>
NAME <b>Craig Johnson + Lisa Chase</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>700 E. Capitol Jefferson City, MO 65203</b>	
Tel: _____	
APPEARING FOR <b>Alma, Chariton Valley, Choctaw, Mid-Missouri, Modern, MOKan, and Northeast Rural Missouri Rural Telephone Companies. ("MITG")</b>	
TRANSCRIPT ORDER	
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
_____ Number of Copies of ASCII Diskette*	<input type="checkbox"/> Mail First Class
_____ E-mail address _____	<input checked="" type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.
	<input type="checkbox"/> Will Pick up at PSC Receptionist's Desk
	<input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)

\*Note: To receive an ASCII Diskette of the transcript, the written request for an ASCII Diskette must be made at the time of hearing and a printed copy of the transcript must be purchased.

## WAIVER OF READING OF TRANSCRIPT BY COMMISSIONERS

Section 536.080(2) RSMo. requires in contested cases that each official of an agency who renders or joins in rendering a final decision either hear the evidence, read the full record including all of the evidence, or personally consider portions of the record cited or referred to in an argument or brief. By written stipulation or oral stipulation in the record at a hearing, the parties may waive the reading of the transcript.

Pursuant to this section, MITG (PARTY) waives the reading of the transcript by this Commission.

DATE <b>7-25-02</b>	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT <b>Lisa Chase</b>
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## WAIVER OF PREPARATION OF TRANSCRIPT

Section 386.420.4 RSMo. provides that preparation of a printed transcript may be waived by unanimous consent of all the parties.

Pursuant to this section, \_\_\_\_\_ (PARTY) waives the preparation of a printed transcript.

**FILED**

AUG 07 2002

Missouri Public

DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT
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## ENTRY OF APPEARANCE

CASE NUMBER <b>2002-194</b>	IN RE <b>Alma Complaint</b>
NAME <b>Leo Bub</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>ONE SBC Center, Rm. 3518</b> <b>St. Louis, MO 63101</b>	
Tel: <b>314-644-3332</b>	
APPEARING FOR <b>Southwestern Bell Telephone Co.</b>	
<b>FILED</b> <sup>3</sup> <b>AUG 07 2002</b>	
<b>Missouri Public Service Commission</b>	
TRANSCRIPT ORDER <input checked="" type="checkbox"/> Number of Copies of Printed Transcript <input type="checkbox"/> Number of Copies of ASCII Diskette* <input type="checkbox"/> E-mail address _____	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input checked="" type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
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(PARTY)  
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## ENTRY OF APPEARANCE

CASE NUMBER <b>TC-2002-194</b>	IN RE <b>ALMA v. SUYST</b>
NAME <b>CARL S. LUMLEY</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>130 S. BEMISTON SUITE 200</b> <b>CLAYTON MO 63105</b>	
Tel: <b>314-725-8788</b>	
APPEARING FOR <b>NUVOX COMMUNICATIONS OF MISSOURI INC.</b> <b>MC2 WORLDWIDE COMMUNICATIONS, INC.</b>	
<b>FILED<sup>3</sup></b> <b>AUG 07 2002</b>	
Missouri Public Service Commission	
TRANSCRIPT ORDER <input checked="" type="checkbox"/> Number of Copies of Printed Transcript <input type="checkbox"/> Number of Copies of ASCII Diskette <input checked="" type="checkbox"/> E-mail address <u>clumley@coha.com</u>	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input checked="" type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
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## ENTRY OF APPEARANCE

CASE NUMBER	TC-2000-194		IN RE	Alma Telephone Company, LLC	
NAME	Cathy Martin			ATTORNEY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	Newman, Comley & Roth, P.C. PO Box 537				
	Jefferson City, MO 65102			Tel: 573-634-2266	
APPEARING FOR	Birch Telecom of Missouri, Inc.			<b>FILED</b> <sup>3</sup>	
	AT & T				
				AUG 07 2002	
				Missouri Public Service Commission	
TRANSCRIPT ORDER				TRANSCRIPT DELIVERY (PLEASE CHECK ONE)	
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript				<input type="checkbox"/> Mail First Class	
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## MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

## ENTRY OF APPEARANCE

CASE NUMBER <b>TC 2002 194</b>	IN RE
NAME <b>Bradley R. Kruse</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>6400 C Street SW</b> <b>Cedar Rapids, IA 52406-3177</b>	
Tel: <b>319-790-7939</b>	
APPEARING FOR <b>McLeodUSA Telecommunications Service Inc.</b>	
<b>FILED<sup>3</sup></b> <b>AUG 07 2002</b>	
<b>Missouri Public Service Commission</b>	
TRANSCRIPT ORDER <input checked="" type="checkbox"/> Number of Copies of Printed Transcript ____ Number of Copies of ASCII Diskette* ____ E-mail address _____	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
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CASE NUMBER <b>TC-2002-194</b>	IN RE <b>Alma et al v. SWB et al</b>
NAME <b>ERIC ANDERSON</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>200 Madison, PO Box 360</b> <b>Jefferson City, MO 65102</b>	
Tel: <b>751-7485</b>	
APPEARING FOR <b>Staff of MO PSC</b>	
<b>FILED<sup>3</sup></b> <b>AUG 07 2002</b>	
TRANSCRIPT ORDER ____ Number of Copies of Printed Transcript ____ Number of Copies of ASCII Diskette* ____ E-mail address _____	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
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