MISSOURI PUBLIC SERVICE COMMISSION

April 25, 2007

Case No. TC-2007-0413

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

Time Warner Cable Information
Services (Missouri), LLC
Registered Agent
CT Corporation System
120 S Central Ave.
Clayton, MO 63105

Time Warner Cable Information
Services (Missouri), LLC
Legal Department
290 Harbor Drive
Stamford, CT 06902

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

Sincerely,

Colleen M. Dale
Secretary

7004 1350 0003 1351 6636

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 Time Warner Cab
Sent To Services (MO), L
Street, Apt. No. or PO Box No. 290 Harbor Drive
City, State, ZIP Clayton, MO 63

PS Form 3800, June 2002

TC-07-413 4/25/07

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:

Time Warner Cable Information
Services (MO), LLC
290 Harbor Drive
Clayton, MO 63102

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) [illegible] C. Date of Delivery 4/30/07

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)* 7004 1350 0003 1351 6636

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 1350 0003 1351 6643

U.S. Postal Service™
CERTIFIED MAIL™ R
(Domestic Mail Only; No Insurat
For delivery information visit our we
OFFICIA

Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & CT Corporatio
Sent To Agent for Time
Street, Apt. No.; or PO Box No. Information Se
City, State, ZIP+4 120 South Cen
Clayton, MO

PS Form 3800, June 2002

1. Article Addressed to:

CT Corporation System, Registered
Agent for Time Warner Cable
Information Services (MO) LLC
120 South Central Ave.
Clayton, MO 63105

If YES, enter delivery address below:

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)* 7004 1350 0003 1351 6643

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540