

**MISSOURI PUBLIC SERVICE COMMISSION**

**October 23, 2007**

**Case No. TC-2008-0117**

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

Davidson Telecom, LLC  
 Registered Agent  
 c/o Prentice-Hall Corp. System  
 221 Bolivar Street, Suite 101  
 Jefferson City, MO 65101

Davidson Telecom, LLC  
 Legal Department  
 P.O. Box 2342  
 Davidson, NC 28036

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

7004 1350 0003 1351 9736

**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 (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Davidson Telecom, L.L.C.  
 c/o CSC-Lawyers Inc. Service Co., Registered Agent  
 221 Bolivar Street  
 Jefferson City, MO 65101

*Sincerely,*



**Colleen M. Dale**  
**Secretary**

7004 1350 0003 1351 9729

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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**OFFICIAL USE**

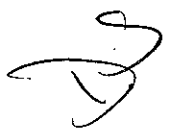
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark  
Here

Total Postage & F

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

Davidson Telecom, L.L.C.  
 P.O. Box 2342  
 Davidson, NC 28036



TC 2008-0117 10/23/07

**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:

Davidson Telecom, L.L.C.  
 P.O. Box 2342  
 Davidson, NC 28036

2. Article Number

(Transfer from service label)

7004 1350 0003 1351 9729

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

Agent

Addressee

B. Received by (Printed Name)

*[Handwritten 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

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*[Handwritten Date]*

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Express Mail

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Return Receipt for Merchandise

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