

**STATE OF MISSOURI
PUBLIC SERVICE COMMISSION
JEFFERSON CITY
September 3, 2002**

CASE NO: TC-2003-0066

Office of the Public Counsel
P.O. Box 7800
Jefferson City, MO 65102

Legal Department
Southwestern Bell Telephone Company,
L.P., d/b/a Southwestern Bell Telephone
Company
One Bell Center
St. Louis, MO 63101

Legal Department
GTE Midwest Incorporated, d/b/a Verizon
Midwest
1000 GTE Drive
Wentzville, MO 63385

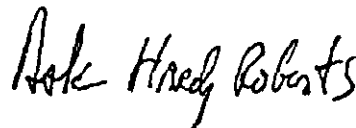
General Counsel
Missouri Public Service Commission
P.O. Box 360
Jefferson City, MO 65102

Legal Department
Sprint Missouri, Inc., d/b/a Sprint
6450 Sprint Parkway, Bldg. 14
Overland Park, KS 66251

Mark W Comley
Newman, Comley & Ruth P.C.
601 Monroe Street, Suite 301
Jefferson City, MO 65102-0537

Enclosed find certified copy of an ORDER in the above-numbered case(s).

Sincerely,



Dale Hardy Roberts
Secretary/Chief Regulatory Law Judge

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:

Legal Dept.
Sprint Missouri, Inc.
D/b/a Sprint
6450 Sprint Parkway
Bldg. 14
Overland Park KS 66251

2. Article Number

(Transfer from service label) 7099 3220 0009 3699 6336

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Weldon Pickens* ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Weldon Pickens** C. Date of Delivery **SEP 05 2002**

D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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

Article Sent To:

Legal Dept Sprint

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or PO Box No.

6450 Sprint Parkway Bldg. 14
City, State, ZIP+4
Overland Park KS 66251

PS Form 3800, July 1999

See Reverse for Instructions

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

Article Sent To:

Legal Dept SPRINT Co

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or PO Box No.

One Bell Center
City, State, ZIP+4
St Louis MO 63101

PS Form 3800, July 1999

See Reverse for Instructions

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:

Legal Dept.
Southwestern Bell Telephone Co.
d/b/a Southwestern Bell Telephone Co.
One Bell Center
St. Louis, MO
63101

2. Article Number

(Transfer from service label) 7099 3220 0009 3699 6343

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Michael Mathew* ☐ Agent ☒ Addressee

B. Received by (Printed Name) **Michael Mathew** C. Date of Delivery **9/4**

D. Is delivery address different from item 1? ☐ Yes ☒ No
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

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:

Legal Dept.
GTE Midwest d/b/a Verizon
Midwest
1000 GTE Drive
Wentzville, MO
63385

2. Article Number

(Transfer from service label)

7099 3220 0009 3699 6329

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2508

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Graci Scott* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Graci Scott

C. Date of Delivery

9/19/02

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

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Legal Dept. GTE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Name (Please Print Clearly) (To be completed by mailer)

Street, Apt. No.; or PO Box No.

1000 GTE Dr.

City, State, ZIP+4

Wentzville MO 63385

PS Form 3800, July 1999

See Reverse for Instructions