



ENTRY OF APPEARANCE

CASE NUMBER	TC-2004-0406	IN RE	ST. JOHN'S REGIONAL MEDICAL CENTER
NAME	CHARLES BRENT STEWART	ATTORNEY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	4603 JOHN GARRY DRIVE, SUITE 11 COLUMBIA, MO 65203		
APPEARING FOR	ST. JOHN'S REGIONAL MEDICAL CENTER		
		Tel: 573-499-0635	
		FILED ³	
		APR 21 2004	
TRANSCRIPT ORDER		TRANSCRIPT DELIVERY (PLEASE CHECK ONE)	
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript		<input type="checkbox"/> Mail First Class	
<input type="checkbox"/> Number of Copies of ASCII Diskette*		<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.	
E-mail address _____		<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, _____

(PARTY)

waives the reading of the transcript by this Commission.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT



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.

DATE

SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT





MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

ENTRY OF APPEARANCE

CASE NUMBER	IN RE
NAME	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	
APPEARING FOR	
Tel: 573-251-7434	
FILED ³	
APR 21 2004	
TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input checked="" type="checkbox"/> Number of Copies of Printed Transcript	<input type="checkbox"/> Mail First Class
<input type="checkbox"/> Number of Copies of ASCII Diskette*	<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.
E-mail address	<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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