



ENTRY OF APPEARANCE

CASE NUMBER <i>TM-2003-0530</i>	IN RE <i>Free Network / Lightyear Communications</i>
NAME <i>James M. Fischer</i>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <i>101 Madison - Suite 400 Jefferson City, Mo</i>	Tel: FILED⁴
APPEARING FOR <i>THE FREE NETWORK Lightyear Communications, Inc</i>	SEP 09 2003
Missouri Public Service Commission	

TRANSCRIPT ORDER

☒ Number of Copies of Printed Transcript
____ Number of Copies of ASCII Diskette*
____ E-mail address _____

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*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
▶



ENTRY OF APPEARANCE

CASE NUMBER TM-2003-0530	IN RE The Free Adams and Lightfoot
NAME Cliff Srolgren	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS Governors Office Bldg, Suite 800	
Jefferson City MO 65102-0360	
Tel: 751-3966	
APPEARING FOR /	

TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input type="checkbox"/> Number of Copies of Printed Transcript	<input type="checkbox"/> Mail First Class
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<input type="checkbox"/> E-mail address _____	<input type="checkbox"/> Will Pick up at PSC Receptionist's Desk
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