



State of Missouri

Office of Secretary of State

No. 703 1010 0002 6631 5535

To TELEPHONE CO. INC

ONE TEALWOOD DR. ST. LOUIS, MO 63141

Name of defendant

Last known residence or place of abode

You will take notice that original process in suit against you, a copy of which is hereto attached was duly served upon you at Jefferson City, Cole County, Missouri, by serving same on the Secretary of State, State of Missouri, or a Deputy.

Dated at Jefferson City, Missouri, this 30th day of MARCH, 20 04.

STAFF OF THE PUBLIC SERVICE COMMISSION

Plaintiff

BRUCE H BATES

Attorney for Plaintiff

P.O. BOX 360 JEFFERSON CITY, MO 65102

Address of Attorney for Plaintiff

Matt Blunt
Secretary of State

Mailed by restricted United States mail "Deliver to Addressee Only."

Process was served on Secretary of State or Deputy on MARCH 30 20 04 at 10:00AM
(Date) (Hour)

AFFIDAVIT

State of Missouri, }
County of Cole } ss.

The undersigned, Matt Blunt, Secretary of State of Missouri, hereby makes oath and certifies that the original of above notice to defendant was mailed at the United States Post Office in Jefferson City, Missouri, on MARCH 30 20 04, by restricted registered or certified mail which carried on the face thereof in a conspicuous place where it will not be obliterated the endorsement, "Deliver to Addressee Only," and which also required a return receipt therefor, or a statement by the Postal authorities as to the disposition thereof.

☒ Attached hereto is the return receipt for said mail.
☐ Attached hereto is said registered or certified mail marked " " by the Postal authorities as the reason delivery was not completed.

Matt Blunt
Secretary of State
Brenda Riese
by Brenda Riese, Commissions Officer
9th

Subscribed and sworn to before me at my office in Jefferson City, Cole County, Missouri, this

day of April, 20 04.

CHRISTINA LYNN
Notary Public - Notary Seal
STATE OF MISSOURI
County of Cole

Christina Lynn Notary Public
My Commission Expires 8-4-04

Comm. 26 (04-01) My Commission Expires August 7, 2004

COPY — B

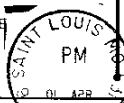
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery 4-1-06
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7003 1010 0002 6631 5535			

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-154

UNITED STATES POSTAL SERVICE



GREETINGS

First Class Mail
Postage & Fees Paid
USPS
Permit No. G410

• Sender: Please print your name, address, and ZIP+4 in this box •

Sec. of State/Commissioner
P.O. Box 784
800 W. Main, MSIC, Rm. 367
Jefferson City, MO 65102

COMMISSIONER JASON
SECRETARY OF STATES OFFICE

APR 05 2004

RECEIVED