

MISSOURI PUBLIC SERVICE COMMISSION

February 16, 2007

Case No. WD-2007-0300

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

Southwest Village Water Company
Ron Johnson
Registered Agent for Southwest Village
Water Co.
3121 East Huron
Springfield, MO 65804

Southwest Village Water Company
Legal Department
1320 South Glenstone
Springfield, MO 65807

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

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Total Postage & Sent To

Southwest Village Water Co.
Legal Department
1320 South Glenstone
Springfield, MO 65807

PS Form 3800, June 2002 See Reverse for Instructions

Sincerely,

Colleen M. Dale
Secretary

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

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

Postmark Here

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:

Ron Johnson
Registered Agent for Southwest
Village Water Co.
3121 East Huron
Springfield, MO 65804

COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☒ Addressee
- B. Received by (Printed Name) RON JOHNSON
- C. Date of Delivery 2-22-07
- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
- | | |
|--|---|
| <input checked="" 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. |

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7005 0390 0003 2886 3169