

MISSOURI PUBLIC SERVICE COMMISSION

May 07, 2008

Case No. WC-2008-0354

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

Missouri-American Water Company
Legal Department
727 Craig Road
St. Louis, MO 63141

Reuben L. Crenshaw
Reuben Crenshaw
6910 Winchester Drive
St. Louis, MO 63121

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

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City, State, ZIP+ St. Louis MO 63141

PS Form 3800, August 2006 See Reverse for Instructions

Sincerely,



Colleen M. Dale
Secretary

7007 0710 0002 2048 0127

WC-2008-0354 5/7/08

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center; font-size: 1.2em;">Missouri-American Water Co 727 Craig Rd. St. Louis, MO 63141</p> <p>2. Article Number <i>(Transfer from servi</i></p>	<p>A. Signature <input checked="" type="checkbox"/> <u>Jurley</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>(Printed Name)</i> <u>J. Jurley</u> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
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