

**ENTRY OF APPEARANCE**

CASE NUMBER <b>TO-2005-0037</b>	IN RE <b>In the Matter of the Determination of Prices, Terms, &amp; Conditions of Certain Unbundled Network Elements: Consideration upon Remand from U.S. Dist. Ct.</b>
NAME <b>Paul G. Lane, Leo J. Bub</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>SBC Missouri One SBC Center, Room 3520 St. Louis, Missouri 63101</b>	
Tel: <b>314-235-4300</b>	
APPEARING FOR <b>Southwestern Bell Telephone, L.P. d/b/a SBC Missouri</b>	
NOV 16 2004	
Missouri Public Service Commission	
TRANSCRIPT ORDER Number of Copies of Printed Transcript Number of Copies of ASCII Diskette XX E-mail address <b>lb7809@momail.sbc.com</b>	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <input type="checkbox"/> Will Pick up at PSC Receptionist's Desk <input checked="" type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ <b>UPS</b> (Account No. <b>A424X1</b> )
* 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
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**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.

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(PARTY)  
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## ENTRY OF APPEARANCE

CASE NUMBER <u>90-2005-37</u>	IN RE <u>UNE <del>APP</del> RATES</u> <u>Service Commission</u>
NAME <u>CARL J. LUMLEY</u>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <u>130 S. BEMINGTON SUITE 2W</u> <u>CLAYTON</u> <u>MO 63105</u> Tel: <u>314-725-8788</u>	
APPEARING FOR <u>CLER</u> <u>Nat'l, XO, Allegiance, MCLWC, MCL metr</u> <u>ALRT, TCG KC, TCG St Louis, Covid</u>	
TRANSCRIPT ORDER <u>4</u> Number of Copies of Printed Transcript Number of Copies of ASCII Diskette* <u>1</u> E-mail address <u>clumley@cohs.com</u>	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input checked="" type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <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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## MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

## ENTRY OF APPEARANCE

CASE NUMBER <b>TO-2005-0037</b>	IN RE <b>UNE Remand</b>
NAME <b>Mary Ann (Garr) Young</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>William D Steinmeier PC</b>	
<b>POB104595 JCMO 65110-4595</b>	
<b>Tel: 634-8109</b>	
APPEARING FOR <b>McLeod USA Telecom Services Inc</b>	
<b>NOV 15 2004</b>	
TRANSCRIPT ORDER	
TRANSCRIPT DELIVERY (PLEASE CHECK ONE)	
<input 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.
<input checked="" type="checkbox"/> E-mail address <b>myoung0654@aol.com</b>	<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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## MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

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CASE NUMBER <u>TO-2005-0037</u>	IN RE <u>UNE Remand</u>
NAME <u>William K. Haas</u>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <u>P.O. Box 360</u> <u>Jefferson City, MO 65102</u>	
Tel: <u>573-751-7510</u>	
APPEARING FOR <u>Staff of the Missouri Public Service Commission</u>	
NOV 15 2004	
TRANSCRIPT ORDER ____ Number of Copies of Printed Transcript ____ Number of Copies of ASCII Diskette ____ E-mail address _____	TRANSCRIPT DELIVERY (PLEASE CHECK ONE) <input type="checkbox"/> Mail First Class <input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept. <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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