



MISSOURI PUBLIC SERVICE COMMISSION

(PLEASE PRINT)

ENTRY OF APPEARANCE

CASE NUMBER TX-2001-512	IN RE Proposed Amendments to Commission Rules 4 CSR-240-33.010, 33.020, 33.040, 33.060, 33.070, 33.080, 33.110, 33.150
NAME Mimi B. MacDonald	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS One SBC Center, Room 3510 St. Louis, MO 63101	
Tel: 314-235-4094	
APPEARING FOR Southwestern Bell Telephone, L.P., d/b/a SBC Missouri	
FILED ³ MAY 13 2004 Missouri Public Service Commission	
TRANSCRIPT ORDER 1 Number of Copies of Printed Transcript Number of Copies of ASCII Diskette* 1 E-mail address <u>mimi.macdonald@sbc.com</u>	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/ <u>UPS</u> (Account No. <u>A424X1</u>)
*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.

Pursuant to this section, _____
(PARTY)
waives the preparation of a printed transcript.

DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT
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ENTRY OF APPEARANCE

CASE NUMBER TX-2001-512	IN RE 4 CBR 240-33,010
NAME James M. Fischer	ATTORNEY <input checked="" type="checkbox"/> YES
ADDRESS 101 Madison Street - Suite 400 Jefferson City, MO	FILED ³ Tel: MAY 13 2004
APPEARING FOR Century Tel of Missouri, LLC Spectra Communications Group LLC d/b/a Century Tel	Missouri Public Service Commission
TRANSCRIPT ORDER	
<input type="checkbox"/> Number of Copies of Printed Transcript	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input type="checkbox"/> Number of Copies of ASCII Diskette*	<input type="checkbox"/> Mail First Class
<input type="checkbox"/> E-mail address _____	<input type="checkbox"/> Will Pick up in Mailbox Outside PSC Records Dept.
We don't need the transcripts	<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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▶



ENTRY OF APPEARANCE

CASE NUMBER TX 2004-512	IN RE
NAME Michael D'Amico	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS A. J. Box 2230 Jefferson City MO	Tel: 787-7754
APPEARING FOR OAC Public	<i>[Signature]</i> 24520
TRANSCRIPT ORDER <input checked="" type="checkbox"/> Number of Copies of Printed Transcript <input type="checkbox"/> 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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Missouri Public
Service Commission

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ENTRY OF APPEARANCE

CASE NUMBER TX-2001-0512	IN RE Prop. Amendment
NAME David Meyer	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS PO Box 360 JC Mo 65102	
Tel: 751 8706	
APPEARING FOR	
FILED³ MAY 13 2004 Missouri Public Service Commission	
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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