MISSOURI PUBLIC SERVICE COMMISSION

July 28, 2006

Case No. XC-2007-0035

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

Gates Communications, Inc.
Legal Department
1100 Olive Way, Suite 951
Seatle, WA 98101

TCS Corporate Services, Inc.
Registered Agent for Gates Comm
222 E. Dunklin, Suite 102
Jefferson City, MO 65101

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

Sincerely,

Colleen M. Dale
Secretary

7005 0390 0003 2886 2780

U.S. Postal Service™
CERTIFIED MAIL™ 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

Total Postage &
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

Gates Communications, Inc.
Legal Department
1100 Olive Way, Suite 951
Seatle, WA 98101

PS Form 3800, June 2002 See Reverse for Instructions

7005 0390 0003 2886 2797

Restricted Delivery Fee (Endorsement Required)
Total Postage &
Sent To
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

TCS Corporate Services, Inc.
Registered Agent for Gates Comm
222 E Dunklin, Suite 102
Jefferson City, MO 65101

PS Form 3800, June 2002 See Reverse for Instructions

XC-2007-0035 7/28/06

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:

TCS Corporate Services, Inc.
Registered Agent for Gates Comm
222 E Dunklin, Suite 102
Jefferson City, MO 65101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Brenda T. Mills ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 0390 0003 2886 2797

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

XC-2007-0035 7/28/06

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:

Gates Communications, Inc.
Legal Department
1100 Olive Way, Suite 951
Seatle, WA 98101

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Mary Clare ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
8-3-06

D. Is delivery address different from item 1? ☒ Yes
If YES, enter delivery address below: ☐ No
6947 Coal Crk Pkwy SE 335
Newcastle, WA 98059

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7005 0390 0003 2886 2780

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540