

MISSOURI PUBLIC SERVICE COMMISSION

April 11, 2007

Case No. EC-2007-0383

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

Aquila, Inc.
Denny Williams
20 West 9th Street
Mail Stop 8-170
Kansas City, MO 64105

Leesa L Forsee
Leesa Forsee
2624 Faraon
St. Joseph, MO 64501-2633

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

Sincerely,

Colleen M. Dale
Secretary

7005 0390 0003 2886 3305

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 \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	Aquila, Inc.
Sent To	Denny Williams
Street, Apt. No., or PO Box No.	20 West 9 th St.
City, State, Zip+4	Mail Stop 8-170
	Kansas City, MO 64105
PS Form 3800, June 2002 See Reverse for Instructions	

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:

Aquila, Inc.
Denny Williams
20 West 9th St.
Mail Stop 8-170
Kansas City, MO 64105

2. Article Number
(Transfer from service label)

7005 0390 0003 2886 3305

PS Form 3811, February 2004

Domestic Return Receipt

102695-02-M-1640

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery 4/13/07

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes

DS