

**MISSOURI PUBLIC SERVICE COMMISSION**

October 9, 2002

**Case No. GC-2003-0131**

Dana K Joyce  
P.O. Box 360  
200 Madison Street, Suite 800  
Jefferson City, Missouri, 65102

John B Coffman  
P.O. Box 7800  
200 Madison Street, Suite 640  
Jefferson City, Missouri, 65102

Whitney R Hunt  
623 W 3rd  
PO Box 97  
Maryville, Missouri, 64468

Legal Department  
Aquila, Inc.  
P.O. Box 219703  
Kansas City, Missouri, 64121-9703

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

Sincerely,

A handwritten signature in black ink that reads "Dale Hardy Roberts". The signature is written in a cursive, flowing style.

**Dale Hardy Roberts  
Secretary/Chief Regulatory Law Judge**

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7099 3220 0009 3699 6503

Article Sent To:

*Legal Department*

Postage \$

Certified Fee

Return Receipt Fee  
 (Endorsement Required)

Restricted Delivery Fee  
 (Endorsement Required)

Total Postage & Fees \$

Postmark  
 Here

Name (Please Print Clearly) (To be completed by mailer)

*Aquila, Inc*

Street, Apt. No., or PO Box No.

*PO Box 219703*

City, State, ZIP+4

*KANSAS CITY, MO 64121*

PS Form 3800, July 1999

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:

*Legal Department*  
*Aquila, Inc*  
*PO Box 219703*  
*KANSAS CITY, MO 64121*

2. Article Number

(Transfer from service label)

*7099 3220 0009 3699 6503*

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*DBaylbride*

C. Date of Delivery

*DEC 1 2002*

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