



ENTRY OF APPEARANCE	
CASE NUMBER <i>10-2002-222</i>	IN RE <i>WORLDCOM/SWBT INTERCONNECTION</i>
NAME <i>CARL S. CLUMLEY</i>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <i>130 S. BEMISTON SUITE 200 CLAYTON Mo 63105</i>	
Tel: <i>314-725-8783</i>	
APPEARING FOR <i>MC2 meter Access Transmission Services LLC</i>	
<i>Bright Fiber Communications of Missouri, Inc.</i>	
<i>MC2 WorldCom Communications Inc.</i>	
Missouri Public Service Commission	
TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<u>1</u> Number of Copies of Printed Transcript	<input checked="" type="checkbox"/> Mail First Class
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 <u><i>clumley@cohgs.com</i></u>	<input type="checkbox"/> Will Pick up at PSC Receptionist's Desk
	<input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)
*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.	

**FILED**

OCT 18 2002

WAIVER OF READING OF TRANSCRIPT BY COMMISSIONERS	
<p>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.</p> <p>Pursuant to this section, _____ (PARTY) waives the reading of the transcript by this Commission.</p>	
DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING READING OF TRANSCRIPT

WAIVER OF PREPARATION OF TRANSCRIPT	
<p>Section 386.420.4 RSMo. provides that preparation of a printed transcript may be waived by unanimous consent of all the parties.</p> <p>Pursuant to this section, _____ (PARTY) waives the preparation of a printed transcript.</p>	
DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT



**ENTRY OF APPEARANCE**

CASE NUMBER <b>TO-2002-222</b>	IN RE <b>Missouri Public Service Commission</b>
NAME <b>Mimi MacDonald</b>	ATTORNEY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS <b>One SBC Center, Room 3510 St. Louis, MO 63101</b>	
Tel: <b>(314)235-4094</b>	
APPEARING FOR <b>Southwestern Bell Telephone, L.P., d/b/a Southwestern Bell Telephone Company</b>	

TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input type="checkbox"/> Number of Copies of Printed Transcript	<input checked="" 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 type="checkbox"/> E-mail address <b>mimi.macdonald@sbccom</b>	<input type="checkbox"/> Will Pick up at PSC Receptionist's Desk
	<input type="checkbox"/> Send by (Circle One): Fed. Express/Airborne/ _____ (Account No. _____)

\* 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.

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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
	▶

**WAIVER OF PREPARATION OF TRANSCRIPT**

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

DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT
	▶



**ENTRY OF APPEARANCE**

CASE NUMBER	JO-2002-222		IN RE
NAME	Bruce H. Bates	ATTORNEY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	P.O. Box 360 Jefferson City, Mo. 65102		Tel: 573-251-7434
APPEARING FOR	Mo. PSC Staff	<b>FILED</b> <sup>3</sup>	
OCT 18 2002			
Missouri Public Service Commission			

TRANSCRIPT ORDER	TRANSCRIPT DELIVERY (PLEASE CHECK ONE)
<input checked="" 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.
E-mail address _____	<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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DATE	SIGNATURE OF PARTY OR ATTORNEY FOR PARTY WAIVING PREPARATION OF TRANSCRIPT