STATEMENT OF REVENUE

FY-2010 Mo. PSC Assessment

"Certificated or Registered VoIP" UTILITY COMPANY NAME & ADDRESS

(Please provide the full name of the company as certificated or registered with the Missouri Public Service Commission. Do not abbreviate; yet include any Commission approved d/b/a or fictitious name, if applicable.)

_____

_____

_____

_____

I, _____, _____ _____

NAME TITLE TELEPHONE #

hereby certify that the GROSS INTRASTATE OPERATING REVENUE of the above-named Company in the State of Missouri, for the calendar year 2008, is:

NOTE: THE GROSS INTRASTATE OPERATING REVENUE REPORTED ON THIS STATEMENT MUST MATCH THE **TOTAL MISSOURI JURISDICTIONAL OPERATING REVENUES** REPORTED ON THE COMPANY'S ANNUAL REPORT.

****IF REPORTING ZERO REVENUE, DO YOU WISH TO RETAIN YOUR OPERATING CERTFICATE? _____YES _____NO**

ELECTRIC OPERATING REVENUE	**$ _____**
GAS OPERATING REVENUE	**$ _____**
HEATING OPERATING REVENUE	**$ _____**
WATER OPERATING REVENUE	**$ _____**
SEWER OPERATING REVENUE	**$ _____**
TELEPHONE/VoIP OPERATING REVENUE	**$ _____**
TOTAL	**$ _____**

_____

SIGNATURE

State of _____)
County of _____)

Sworn to and subscribed before me a Notary Public in and for said County and State this
_____day of _____, _____.
DATE MONTH YEAR

(SEAL)

_____

NOTARY PUBLIC

My commission expires _____.

Mail one notarized copy of this statement to the Missouri Public Service Commission, Budget & Fiscal Services Department, P.O. Box 360, Jefferson City, Missouri 65102.
NO LATER THAN MARCH 31, 2009