

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

RECEIVED

MAY 18 2004

PUBLIC SERVICE  
COMMISSION

In the Matter of:

APPLICATION OF ALLTEL COMMUNICATIONS,  
INC. FOR A CERTIFICATE OF PUBLIC  
CONVENIENCE AND NECESSITY TO  
CONSTRUCT A CELL SITE AT 91 SCOTT  
CEMETERY OFF KENTUCKY STATE ROUTE 1  
NEAR THE OLDTOWN AREA IN SOUTHWESTERN  
GREENUP COUNTY, KENTUCKY  
(OLDTOWN SITE)

CASE NO. 2004-00163

**SUPPLEMENT TO APPLICATION FOR A  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

ALLTEL Communications, Inc. ("ALLTEL") hereby supplements it's May 13, 2004 Application for a Certificate of Public Convenience and Necessity to Construct a Cell Site as follows:

1. Paragraph 6 of the Application is supplemented with the return receipt evidencing delivery of the notice to the Honorable Robert W. Carpenter, Greenup County Judge Executive, delivered May 14, 2004. **(Exhibit 1)**.
2. Paragraph 7 of the Application is supplemented with the return receipts evidencing delivery of the notices to the following property owners: (1) Sherman Bellew, delivered May 14, 2004; (2) Johnny K. Bradford, delivered May 17, 2004; (3) Gregory A. and Sarah J. Scott, delivered May 14, 2004 and (4) Larry V. Scott, delivered May 14, 2004. **(Exhibit 2)**.

Dated this the 18<sup>th</sup> day of May, 2004.

A handwritten signature in black ink, appearing to read 'Mark R. Overstreet', written over a horizontal line.

Mark R. Overstreet  
STITES & HARBISON PLLC  
421 West Main Street  
P.O. Box 634  
Frankfort, KY 40602-0634  
Telephone: (502) 223-3477  
COUNSEL FOR:  
ALLTEL COMMUNICATIONS, INC.

# **EXHIBIT**

**1**

**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:

HONORABLE ROBERT W CARPENTER  
GREENUP COUNTY JUDGE EXECUTIVE  
102 GREENUP COUNTY COURTHOUSE  
301 MAIN STREET  
GREENUP KY 41144

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Geraldine BARE 5/4/01

C. Signature

X *Geraldine Bare*  Agent  Addressee

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 (Copy from service label)

7099 3400 0006 9718 0863

**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:

SHERMAN BELLEW  
ROUTE 3, BOX 170A  
GRAYSON KY 41143

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*Darlene Bellew* 5-14-03

C. Signature  Agent

X *Darlene Bellew*  Addressee

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 (Copy from service label)

7099 3400 0006 9718 0825

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**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:

JOHNNY K BRADFORD  
ROUTE 3 BOX 175A  
GRAYSON KY 41143

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

5-17-04

C. Signature  Agent

X *John K Bradford*  Addressee

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 (Copy from service label)

7099 3400 0006 9718 0832

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) B. Date of Delivery  <u>Greg Scott</u> <u>MA 5-14-04</u></p> <p>C. Signature <input type="checkbox"/> Agent  <u>X Greg Scott</u> <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>GREGORY A AND SARAH J SCOTT</b>  <b>HC 60 BOX 1300</b>  <b>OLDTOWN KY 41144</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)  <u>7099 3400 0006 9718 0849</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) B. Date of Delivery  <u>Larry Scotts</u> <u>MA 5-14-04</u></p> <p>C. Signature <input type="checkbox"/> Agent  <u>X Larry Scott</u> <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>LARRY V SCOTT</b>  <b>HC T0 BOX 1300</b>  <b>OLDTOWN KY 41144</b></p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Copy from service label)  <u>7099 3400 0006 9718 0856</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-99-M-1789	