2354-PAA

on the reverse side?	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write *Return Receipt Requested* on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.
ADDRESS completed o	3. Article Addressed to: Dot Com Phone Cards, LLC 1035 Pearl Street, 5th Floor Boulder CO 80302-5130 C//096	4b. Service ☐ Registere ☐ Express ☐ Return Re	Type Certified Certified Mail Insured COD
Is your RETURN	6. Signature: (Addressee or Agent) X (Addressee or Agent) PS Form 3811, December 1994	8. Addresse and fee is	e's Address (Only if requested paid)

APP
CAF
COMP
COM
CTR
LEG
OPC
PAI
RGO
SEC
SER
OTH

DOCUMENT NUMBER-DATE

15709 DEC 17 =

FPSC-COMMISSION CLERK