

ORIGINAL

RECEIVED: FPSC

05 JAN -4 AM 9:44

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> 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. 	A. Received by (Please Print Clearly) Pat Sullivan	B. Date of Delivery 12/30/05
1. Article Addressed to: PSC-05-1258 050706 First Communications, LLC Ms. Mary Cegelski 3340 West Market Street Akron OH 44333-3306 PAA	C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee X Pat Sullivan	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7004 1160 0004 5751 0247	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-124

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1 _____
 OTH _____

DOCUMENT NUMBER-DATE

00061 JAN-4 8

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