

ORIGINAL

RECEIVED-FPSC

06 APR 24 AM 10:15

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)	B. Date of Delivery
1. Article Addressed to:	C. Signature	
<p style="text-align: center;">050964</p> <p>InfoTelecom, LLC 1228 Euclid Avenue, Suite 390 Cleveland OH 44115-1800</p>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p>DSC-06-0240-CO-TX</p> <p>1228 Euclid Ave</p> <p>84815-1800</p> <p>2004 1160 0004 5750 9364</p>	3. Service Type	
PS Form 3811, March 2001	<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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

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

DOCUMENT NUMBER-DATE

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