

ORIGINAL

RECEIVED-FPSC

06 JUL 31 AM 10: 52

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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>el</i> <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">060466</p>	B. Received by (<i>Printed Name</i>) <p style="text-align: center; font-size: 1.5em;">Tony</p>	C. Date of Delivery <p style="text-align: center; font-size: 1.5em;">7/25/06</p>
OpenTel Communications, Inc. 4655 Old Ironsides Drive, Suite 350 Santa Clara CA 95054-1854 <p style="font-size: 1.5em; font-weight: bold;">PSC-06 0615 TAA-TI</p>	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7004 1160 0004 5751 0063		

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

DOCUMENT NUMBER-DATE

06797 JUL 31 06

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