

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:17

COMMISSION  
CLERK

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. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> <i>D. Ritchie</i> <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) <i>D. Ritchie</i> Date of Delivery <i>AUG 18</i></p>
<p>1. Article Addressed to: <i>060466-T-I</i></p> <p>Mr. Robert Mocas          Easton Telecom Services, L.L.C.          Summit II          3046 Brecksville Road          Richfield, OH 44286-9399</p> <p><i>PSC-06-0701-CO-TI</i></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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p><b>7005 1160 0003 8789 6663</b></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1640

- P \_\_\_\_\_
- M \_\_\_\_\_
- R \_\_\_\_\_
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- SEC   1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

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