

ORIGINAL

RECEIVED-PPSC

06 AUG 24 AM 9:22

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) <i>Dianne T. Marstin</i>	B. Date of Delivery <i>8-19-06</i>
1. Article Addressed to: <i>060466-TJ</i> ezTel Network Service, LLC 436 Lynchburg Avenue Brookneal, VA 24528-2652 <i>PSC-06-0701-CD-TJ</i>	C. Signature <i>x Dianne J. Marstin</i>	
2. Article Number (Transfer from service label) <i>7005 1160 0003 8789 7080</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
	3. Service Type <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. 	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE

07763 AUG 24 06

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