

ORIGINAL

RECEIVED-FPSC

06 DEC 19 AM 9:32

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>JC Swartz</i></p> <p>B. Received by (Printed Name) <i>JC Swartz</i> C. Date of Delivery <i>12-16-04</i></p>
<p>1. Article Addressed to: <i>060624</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>Seven Bridges Communications, L.L.C. Mr. Byron Young 309 West 7th Street, Suite 720 Fort Worth TX 76102-6902</p>	
<p><i>PSC-06-1013 PAA-TX</i></p> <p>2. Article Number (Transfer from service label) <i>7004 1160 0004 5751 3583</i></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>PS Form 3811, February 2004 Domestic Return Receipt 102595-024/1540</p>	

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

DOCUMENT NUMBER-DATE

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