

RECEIVED FPSC

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COMMISSION  
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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 checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Print Name) <input type="checkbox"/> Date of Delivery</p> <p>C. <i>Philip Johns</i> <i>9/26/08</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>1. Article Address: <i>080462</i></p> <p>DialTone More, Inc. 6784 West Broad Street Douglasville GA 30134-1712</p> <p><i>PSC-08-0628-PAP-TX</i></p>	<p>3. Service Type</p> <p><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: <i>7006 2760 0003 8797 9366</i> (Transfer from service)</p>	<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

09113 SEP 29 08

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