

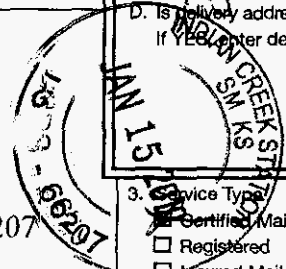
RECEIVED--FPSC

10 JAN 20 AM 10:08

COMMISSION
CLERK

100019-TP

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Sprint Nextel Manager, ICA Solutions P.O. Box 7954 Shawnee Mission KS 66207	B. Received by (Printed Name) <i>Ryan Folkerts</i>	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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.	
100019-TP <i>Complaint</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 2760 0003 8796 7929	



DOCUMENT NUMBER DATE
 00458 JAN 20 08
 FPSC-COMMISSION CLERK