

110000-07

RECEIVED-FPSC

11 AUG 25 AM 9:04

COMMISSION
CLERK

<p>COMPLETE THIS SECTION</p> <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>1. Article Addressed to: <u>undocketed</u> <u>DNS 03312-09, 04402-09</u></p> <p>BRUCE SCHOONOVER JR DIRECTOR KNOLOGY - REGULATORY AFFAIRS 1241 O G SKINNER DR WEST POINT GA 31833</p>	<p>A. Signature X <u>Cindy Alsbrook</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Cindy Alsbrook</u> C. Date of Delivery <u>8/22</u></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>2. Article Number (Transfer from service label) <u>7009 3410 0002 4112 6655</u></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 102505-02-4-1040</p>	

DOCUMENT NUMBER-DATE
 06128 AUG 25 =
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