

RECEIVED-FPSC  
 13 MAR 11 AM 9:10  
 COMMISSION  
 CLERK

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>	A. Signature <input checked="" type="checkbox"/> <i>Bernard Bush</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>130000-OT DN 06354-12</i>	B. Received by (Printed Name) _____ C. Date of Delivery <i>3-5</i>
DULANEY L O'ROARK III ESQ VERIZON 5055 N POINT PKWY ALPHARETTA GA 30022	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number <i>(Transfer from service label)</i>	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7010 0780 0002 2867 9182	
Domestic Return Receipt 102595-02-M-1540	

DOCUMENT NUMBER-DATE

01253 MAR 11 2

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