

RECEIVED-FPSC

13 MAR 25 AM 8:11

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 type="checkbox"/> Addressee</p> <p>X <i>K Swansa</i></p>
1. Article Addressed to: <i>30000-OT; 06932-12</i>	<p>B. Received by (Printed Name) <i>K Swansa</i></p> <p>C. Date of Delivery <i>3/22</i></p>
<p>JEFF JUNG MANAGER TDS TELECOM REGULATORY SETTLEMENTS & COSTING 525 JUNCTION RD MADISON WI 43717</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
2. Article Number (Transfer from service label)	<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>
PS Form 3811, February 2004	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7006 2760 0003 8796 8834</p> <p>Domestic Return Receipt 102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

01447 MAR 25 02

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