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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.	A. Signature	
1. Article Addressed to: 130000-OT DN 02470-11	X <i>M. Giles</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
SUSAN J BERLIN ESQUIRE SPRINT NEXTEL REGULATORY AFFAIRS GAATLD0704 3065 AKERS MILL RD SE 7 TH FL ATLANTA GA 30339-3124	B. Received by (Printed Name) M GILES	C. Date of Delivery
	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 (Transfer from service label)	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	
7011 3500 0001 5979 4479		
Domestic Return Receipt		102595-02-M-1540