

RECEIVED-FPSC

14 AUG 18 AM 9:16

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <div data-bbox="646 894 953 1003" style="border: 1px solid black; padding: 2px;">IBC Telecom Corp. 873 Route 45, Suite 202B New City, NY 10956-1146</div> <i>140101-TX</i> <i>PSC-14-0319-CO-TX</i>	B. Received by (<i>Printed Name</i>) <i>Mark Gustin</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	
PS Form 3811, February 2004	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.	
	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
	7010 0780 0002 2867 6983	

Domestic Return Receipt

102595-02-M-1540