

ORIGINAL

SENDER: ■ Complete items 1 and/or 2 for additional services. ■ Complete items 3, 4a, and 4b. ■ Print your name and address on the reverse of this form so that we can return this card to you ■ Attach this form to the front of the mailpiece, or on the back if space does not permit. ■ Write "Return Receipt Requested" on the mailpiece below the article number. ■ The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: <p style="text-align: right; margin-right: 50px;"><i>011374-TPmax</i></p> VarTec Telecom, Inc. Carol Even, Manager, Regulatory Affairs 1600 Viceroy Drive Dallas, Texas 75235-2306		4a. Article Number <p style="text-align: right; margin-right: 50px;"><i>7000 0600 0026 4144</i></p> 4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD	
5. Received By: (Print Name)		7. Date of Delivery <p style="text-align: right; margin-right: 50px;"><i>10-23-01</i></p>	
6. Signature: (Addressee or Agent) <p style="text-align: center;">X <i>[Signature]</i></p>		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESSEE'S ADDRESS on the reverse side?

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

- APP _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
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- RGO _____
- SEC H
- SER _____
- OTH _____

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