

ORIGINAL

RECEIVED FPSC

04 MAY 18 AM 9:06

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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	Cheryl Roberts 5-15	
<p style="text-align: center; color: red;">040215 -TC</p> <p>U.S. Paytel Optima, L.L.C. 8247 Hascall Omaha NE 68124-3233</p> <p style="color: blue; font-size: 1.2em;">PSC 04-0496-PAA-TC</p>	C. Signature	
2. Article Number	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
(Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
PS Form 3811, March 2001	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-01-M-1424	7002 0860 0001 1758 7556	

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

05670 MAY 18 3

FPSC-COMMISSION CLERK