

ORIGINAL

RECEIVED-PPSC

04 AUG 20 AM 8:56

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 7040427

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **ADD. 106 2004** B. Date of Delivery

C. Signature Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

oxTel, Inc.
Mr. Lance J.M. Steinhart
Telecom Compliance Services, Inc.
720 Windward Concourse, Suite 250
Marietta GA 30005-2293

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7002 0860 0001 1758 7815
(Transfer from service label)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

PSC-04-0783-CO-TI

DOCUMENT NUMBER-DATE

09106 AUG 20 04

PPSC-COMMISSION CLERK