

ORIGINAL

RECEIVED-PPSC

04 NOV -4 AM 9:01

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) <i>Selby Andrews</i>	B. Date of Delivery <i>10-28-04</i>
1. Article Addressed to: <i>040289</i> Opticom Telephone Corporation c/o Dana Bodden 600 Boulevard South, Suite 104 Huntsville AL 35802-2175	C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	
D. Is delivery address different from item 1? If YES, enter delivery address below:		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Service Type <input 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? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number (Transfer from service label) 7002 0860 0001 1758 8256

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

Order PSC-04-1036-PAA-TI

DOCUMENT NUMBER-DATE

11878 NOV-4 3

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