

ORIGINAL

RECEIVED-FPSC

04 NOV 18 AM 10:02

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly) <i>RW Miller</i>	B. Date of Delivery <i>11-8-04</i>
1. Article Addressed to: <i>040062</i>  <i>New Century Telecom, Inc.            c/o Loubna H. Haddad            180 Greensboro Drive, Suite 700            McLean VA 22102-3862</i>	C. Signature <i>[Signature]</i>	
2. Article Number (Transfer from)	D. Is delivery address different from item 1? If YES, enter delivery address below:	
PS Form 3811, March 2001	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	
Domestic Return Receipt	7002 0860 0001 1758 8263	

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

DOCUMENT NUMBER-DATE  
 12322 NOV 18 03  
 FPSC-COMMISSION CLERK