

ORIGINAL

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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
	C. Signature	
	<i>x n. chaussee</i>	
	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 040 857	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
01 Communications of Florida, LLC Mr. James A. Kirkland % Clearwire Holdings, Inc. 19111 North Dallas Parkway, Suite 200 Dallas TX 75287-6912		
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.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
360 0001 1758 8300		
1 Receipt 102595-01-M-1424		

PSC-04-1732-CO-TX

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
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- SCR _____
- SEC 1
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 13099 DEC 13 8
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