

ORIGINAL

RECEIVED-FPSC

05 JAN 10 AM 11:09

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. <p>1. Article Addressed to: 040849</p>	<p>A. Received by (Please Print Clearly) <i>Isabel Gil</i></p>	<p>B. Date of Delivery 1-5-05</p>
	<p>C. Signature <i>x Isabel Gil</i></p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	

01 Communications of Florida, LLC
 Mr. James A. Kirkland
 % Clearwire Holdings, Inc.
 19111 North Dallas Parkway, Suite 200
 Dallas TX 75287-6912

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
 (Transfer from service label)

7002 0860 0001 1758 5392

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-04-1232-CO-TX

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

DOCUMENT NUMBER-DATE

00289 JAN 10 '05

FPSC-COMMISSION CLERK