

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. 	A. Received by (Please Print Clearly) <u>D. Meyer</u> B. Date of Delivery <u>1-3-05</u>
1. Article Addressed to: <u>040924</u>	C. Signature <u>D. Meyer</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
MYCO Telecommunications, Inc. Mr. Leonard D. LaDuron 3514 Clinton Parkway, Suite A342 Lawrence KS 66047-2145 <u>-CO-</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number <i>(Transfer from service label)</i>	3. 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
7002 0860 0001 1758 6054	

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-04-1277-CO-TI

DOCUMENT NUMBER-DATE

00290 JAN 10 09

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