

ORIGINAL

RECEIVED-FPSC

05 JAN 11 AM 10:22

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>Derick D. LaDuron</i> | B. Date of Delivery <i>1-7-09</i> |
| 1. Article Addressed to: <i>040924</i> | C. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> | |
| MYCO Telecommunications, Inc. Mr. Leonard D. LaDuron 3514 Clinton Parkway, Suite A342 Lawrence KS 66047-2145 | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 2. Article Number (Transfer from service label) | D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| PS Form 3811, March 2001 | 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. | |
| Domestic Return Receipt | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| | 7002 0860 0001 1755 7283 | |
| | 102595-01-M-1424 | |

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

DOCUMENT NUMBER-DATE
 00374 JAN 11 09
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