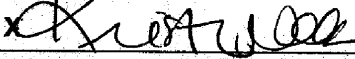


ORIGINAL

RECEIVED 4.30

MAR 28 AM 10:35

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) Krista Nelson	B. Date of Delivery 3-23-06
1. Article Addressed to: <p style="text-align: center;">050964</p> <p>Infotelecom, LLC 1228 Euclid Avenue, Suite 390 Cleveland OH 44115-1800</p> <p style="text-align: center;">PAA</p>	C. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> C.O.D.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	Domestic Return Receipt 102595-01-M-1424
<p style="text-align: center;">7004 1160 0004 5750 9562</p>		

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC |
- OTH _____

PAA Order PSC-06-0229-PAA-TX

DOCUMENT NUMBER-DATE

02759 MAR 28 8

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