

ORIGINAL

RECEIVED - FPSC

APR 21 AM 10: 24

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 (<i>Please Print Clearly</i>)	B. Date of Delivery 4-17-06
1. Article Addressed to: 050962 BAK Communications, LLC Mr. Anthony Manzi 951 Old County Road, Suite 239 Belmont CA 94002-2773 PSC-06-0290-W-TX	C. Signature <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 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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes 7004 1160 0004 5750 9388	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE

03555 APR 21 08

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