

ORIGINAL

RECEIVED FPSC

06 APR 25 AM 10:17

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Liane Burke</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>LIANE BURKE</i> <i>4/17</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p style="text-align: right; font-size: 1.5em;"><i>050967</i></p> <p>The Phone Connection, Inc. James Beijen 808 South Baker Street Mountain Home AR 72653</p> <p style="font-size: 1.5em;"><i>PSC-06-0291-CO-TA</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number 7004 1160 0004 5750 9517</p> <p>(Transfer from service lab.,)</p>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

RCA _____

SCR _____

SGA _____

SEC 1

OTH _____

DOCUMENT NUMBER-DATE

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