

ORIGINAL

RECEIVED-FPSC

06 JUL 11 AM 9:58

COMMISSION
CLERK

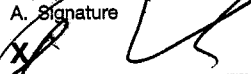
SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 060479-TP, Comp
map

XO Communications Services, Inc
Ms. Kelly Faul,
Regulatory Affairs Director
11111 Sunset Hills Road
Reston, Virginia 20190-5339

COMPLETE THIS SECTION ON DELIVERY

A. Signature 		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <u>S.P.S.</u>	C. Date of Delivery <u>7/05/06</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

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) Yes

2. Article Number
(Transfer from service label) 7004 1160 0004 5751 4146

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

06080 JUL 11 06

FPSC-COMMISSION CLERK