

ORIGINAL

RECEIVED-FPSC

06 JUL 27 PM 12:38

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>APRIL WOODS</i>	B. Date of Delivery
<p>1. Article Addressed to: <i>060462</i></p> <p>Mr. Scott Klopack Matrix Telecom, Inc. 2207 Commerce Street Dallas, TX 75201-4347</p> <p><i>PSC-06-0611-AAA-TX</i></p> <p>2. Article Number (Transfer from service label)</p> <p style="text-align: right;"><i>7004 1160 0004 5750 7650</i></p>	<p>C. Signature <i>X April Woods</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p>	<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

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

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