

ORIGINAL

RECEIVED--FPSC

06 JUL 31 AM 10: 51

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Shaul Byell</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>7-25</i></p>   |
| <p>1. Article Addressed to: <i>060466</i></p> <p>Dial-Around Telecom, Inc.<br/>1075 Rosewood Drive<br/>Grapeville TX 76051-7807</p> <p><i>PSC-06-0615-PAA-TI</i></p>   | <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</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<br/>(Transfer from ser)</p>   | <p><i>7004 1160 0004 5750 9869</i></p>   |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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