

ORIGINAL RECEIVED - FPSC

05 AUG 21 AM 11:17

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>	A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span> <i>X [Signature]</i>	
1. Article Addressed to: <i>060466-TI</i>	B. Received by (Printed Name) <i>TADD H. LOWE</i>	C. Date of Delivery <i>8-17-06</i>
Ms. Bobbi Ferguson Telmex USA, L.L.C. % Visiology, Inc. 16061 Carmel Bay Drive Northport, AL 35475-4002  <i>PSC-06-0701-CO-TI</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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) <input type="checkbox"/> Yes	
<b>7005 1160 0003 8789 6625</b>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RCA \_\_\_\_\_  
 SCR \_\_\_\_\_  
 SGA \_\_\_\_\_  
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DOCUMENT NUMBER-DATE

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