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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>Phil Benrock</i>	B. Date of Delivery <i>8/19/06</i>
1. Article Addressed to: <i>060466-TI</i> Aero Communications, LLC 1301 Broadway, Suite 126 Paducah, KY 92001-2503	C. Signature <i>x Phil Benrock</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<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.	
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7005 1160 0003 8789 7127	Domestic Return Receipt

102595-01-M-1424

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