

ORIGINAL

RECEIVED-EPSC

06 AUG 23 AM 9:36

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 <input checked="" type="checkbox"/> <i>Tobe Goldberg</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>000470-TX</i>  Ms. Catherine Murray Advanced TelCom, Inc 730 Second Avenue South, Suite 900 Minneapolis, MN 55402-2489  <i>PSC-06-096-CO-TX</i>	B. Received by (Printed Name) <i>Tobe Goldberg</i>	C. Date of Delivery <i>8-18-06</i>
2. Article Number (Transfer from service label)	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) <input type="checkbox"/> Yes	
7005 1160 0003 8789 5192		

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- 3CL \_\_\_\_\_
- DPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- 3GA \_\_\_\_\_
- 3EC   1
- DTH \_\_\_\_\_

DOCUMENT NUMBER-DATE  
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