

# ORIGINAL

RECEIVED-FPSC

06 AUG 28 AM 9:14

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 type="checkbox"/> Agent<br/> <input checked="" type="checkbox"/> Addressee</p>  |
| <p>1. Article Addressed to: <u>060402</u></p> <p>Ms. Linda Hunt<br/> Fonix Telecom, Inc.<br/> % Lightyear Network Solutions LLC<br/> 1901 Eastpoint Parkway<br/> Louisville, KY <u>40346-2123</u></p>  | <p>B. Received by (Printed Name) C. Date of Delivery<br/> <u>8/25/06</u></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>2. Article Number<br/> (Transfer from service label)</p>  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p><u>PSC-06-0705-CO-TX</u> <u>7005 1160 0003 8789 6076</u></p>  |  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC 1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

07874 AUG 28 06

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