

ORIGINAL

RECEIVED-FPSC

07 JAN 11 AM 9:37

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 060624

Seven Bridges Communications, L.L.C.
 Mr. Byron Young
 309 West 7th Street, Suite 720
 Forth Worth TX 76102-6902

PSC-07-0011-W-TX

2. Article Number (Transfer from service label) 7004 1160 0004 5751 3460

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 * [Signature] Salinas

B. Received by (Printed Name) C. Date of Delivery
 Sandra Salinas 1/8/11

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

112 E. Seminary
 DR. Suite B
 76115-2605

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

DOCUMENT NUMBER-DATE
 00302 JAN 11 11
 FPSC-COMMISSION CLERK