

ORIGINAL

070351-TX

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  <input checked="" type="checkbox"/> Addressee  <i>X Shanda Meachum</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <i>Shanda Meachum</i></p> <p>C. Date of Delivery  <i>8-6-07</i></p>
<p>Common Pointe Networks of Florida, LLC  200 South Wacker Drive, Suite 3100  Chicago IL 60606-5877</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If delivery address below: <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>070351A-TX</p> <p>PSC-07-0547A-PAA-TX</p>	<p>J. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7005 3110 0002 8806 6423</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07035 AUG 10 07

FPSC-COMMISSION CLERK