

RECEIVED-FPSC

07 AUG 24 AM 9:15

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: **070539**

Telcentrex, LLC
5490 McGinnis Village Place, Suite 114
Alpharetta GA 30005-1734

PSC-07-0606-PAA-TI

2. Article Number
(Transfer from service label)

7006 2760 0003 8797 5108

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *[Signature]* Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] **8/22/08**

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

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

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

07570 AUG 24 8

FPSC-COMMISSION CLERK