

RECEIVED--FPSC

07 AUG 27 AM 10:48

COMMISSION  
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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</p> <p>B. Received by (<i>Printed Name</i>) <input type="checkbox"/> C. Date of Delivery</p>
<p>1. Article Addressed to: 070521</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Norstar Telecommunications, LLC  10025 Scenic View Road  Vienna VA 22182-1367</p>	<p>3. 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 Merc  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>P5C-07-0666-PAA-TX</i>  (Transfer from service label)</p>	<p>7005 3110 0002 8806 6294</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

DOCUMENT NUMBER-DATE  
07626 AUG 27 5  
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