

RECEIVED-FPSC

07 AUG 27 AM 11:26

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 checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery  8-23-07</p>
<p>1. Article Addressed to: 070474</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>Lightyear Network Solutions, LLC  Ms. Linda Hunt  1901 Eastpoint Parkway  Louisville KY 40223-4145</p>	<p>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 M  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PSC-07-2666-AAA-TJ</p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/></p>
<p>2. Article Number  (Transfer from <i>service label</i>)</p>	<p>7005 3110 0002 8806 5709</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-1

DOCUMENT NUMBER-DATE

07643 AUG 27 08

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