

RECEIVED-FPSC

07 SEP -6 AM 9:50

COMMISSION
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ 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. 	A. Signature <i>x Shanda Meachum</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 070530	B. Received by (Printed Name) <i>Shanda Meachum</i>	C. Date of Delivery 8-30-07
Common Pointe Networks of Florida, LLC 200 South Wacker Drive, Suite 3100 Chicago IL 60606-5877	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSC - 07-0666-AAA-TI	3. Service Type <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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 2760 0003 8797 5054	

DOCUMENT NUMBER-DATE

08084 SEP-6 5

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