## RECEIVED-FPSC

08 JUL 24 AH 10: 43

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
<ul> <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>		A. Signature  X. Juh M.  B. Ryceived by ( Print)	U Casul ed Name)	☐ Agent ☐ Addressee C. Date of Delivery
1. Article Addressed to: 020273		D. Is delivery address different from item 1?  If YES, enter delivery address below:  No		
D.C. TeleSystems, LLC 6401 Odana Road Madison WI 53719-1126				
		<u> </u>		
		3. Service Type    Mail		
P5C-08-0462-F0F-TC		4. Restricted Delivery?	(Extra Fee)	☐ Yes
Article Number     (Transfer from service label)	7006 2760	0003 8797	8086	
PS Form 3811, February 2004	Domestic Retu	urn Receipt		102595-02-M-1540

DOCUMENT NUMBER-DATE

06430 JUL 248

FPSC-COMMISSION CLERK