

RECEIVED-FPSC

08 AUG 22 AM 9:39

COMMISSION
CLERK

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 x <u>Chris Zorn</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <u>080397</u> Angles Communication Solutions 11121 Highway 70, Suite 202 Arlington TN 38002-9230	B. Received by (Printed Name) <u>Chris Zorn</u> C. Date of Delivery <u>8-10-08</u>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
<u>PSC-08-0524-PAA-TF</u>	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) <u>7006 2760 0003 8797 7522</u>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07595 AUG 22 08

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