

RECEIVED-FPSC

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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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Robin Willis</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Robin Willis</i></p> <p>C. Date of Delivery <input type="checkbox"/> Addressee <i>9-15-08</i></p>
<p>1. Article Addressed to: <i>020329</i></p> <p>Unicom Communications, LLC Mr. Charles D. D'Ascoli 17 Smoky Mountain Drive Franklin NC 28734-0796</p> <p><i>PSC-08-0569-CO-TC</i></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>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7006 2760 0003 8797 8291</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1549

DOCUMENT NUMBER-DATE
08605 SEP 15 08
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