

RECEIVED-FPSC

08 SEP 29 AM 9:52

COMMISSION
CLERK

RENDER 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>1. Article Addressed to: 080475</p> <p>Angles Communication Solutions 11121 Highway 70, Suite 202 Arlington TN 38002-9230</p> <p>PSC-08-0617-CO-TX</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Chris Zorn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>CHRIS ZORN</i> C. Date of Delivery <i>9-26-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes 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>
2. Article Number (Transfer from service label)	7006 2760 0003 8797 9151

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09107 SEP 29 8

FPSC-COMMISSION CLERK