

RECEIVED-FPSC

08 OCT -2 AM 10: 01

COMMISSION  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><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 <i>A. J. Hall</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <b>080489</b>  One Voice Communications, Inc. 570 Herndon Parkway, Suite 200 Herndon VA 20170-5247	B. Received by (Printed Name) C. Date of Delivery <i>9/29/08</i>
<b>PSC-08-0617-CO-TX</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
2. Article Number (Transfer from service label) <b>7006 2760 0003 8797 9274</b>	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER DATE  
09310 OCT-2 8  
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