


RECEIVED-FPSC

08 OCT -6 AM 9:05

COMMISSION
CLERK

RECIPIENT: 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 	
		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 080465		B. Received by (Printed Name)	C. Date of Delivery 9-29-08
Get A Phone Ms. Joyce Howard 590 N.W. Expressway, Suite 101 Oklahoma City OK 73132-5103		D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No	
PSC-08-0617-CO-TX		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)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0003 8797 9083			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09393 OCT-6 8

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