

RECEIVED-FPSC

08 OCT -7 PM 12: 02

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>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X </p>
<p>1. Article Addressed to: <u>080446</u></p> <p>Quality Telephone Inc. P. O. Box 7310 Dallas TX 75209-0310</p>	<p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><u>EXM 80015</u></p>
<p><u>PSC-08-0629-PAA-TX</u></p> <p>2. Article Number <u>7006 2760 0003 8797 9373</u> (Transfer from service is)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><u>P.O. Box</u></p> <p>3. Service Type</p> <p><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>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: right;">102595-02-1A-1540</p>

DOCUMENT NUMBER-DATE

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