

RECEIVED-FPSC

08 OCT 10 AM 10:42

COMMISSION
CLERK

| 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. | A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| | B. Received by (Printed Name) <i>LUAN GORDO</i> | C. Date of Delivery <i>10/2</i> |
| 1. Article Addressed to: <i>080462</i> American Phone Services Corp. 308 Maxwell Road, Suite 100 Alpharetta GA 30004-2062 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| <i>PSC-08-0634-CO-TX</i> | 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 | |
| 2. Article Number (Transfer from service label) | <i>7006 2760 0003 8797 9427</i> | |
| PS Form 3811, February 2004 | Domestic Return Receipt | 102595-02-M-1540 |

DOCUMENT NUMBER-DATE
09591 OCT 10 8
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