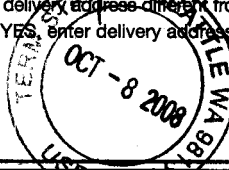


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SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input type="checkbox"/> Agent <i>Ginny Riggs</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address</p> <p><i>Ginny Riggs</i></p> <p>C. Date of Delivery</p>
1. Article Addressed to: 080455 Tel West Communications, LLC Ms. Ginny Riggs P. O. Box 94447 Seattle WA 98124-6747	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 
PSC-08-0629-PHA-TX 2. Article Number 7006 2760 0003 8797 9403 (Transfer from service)	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

102505-02-M-1540

DOCUMENT NUMBER-DATE

09643 OCT 13 08

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