

RECEIVED-FPSC

08 NOV 13 AM 8:31

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 080449		B. Received by (Printed Name) M. G. B.	C. Date of Delivery
Grande Communications Networks, Inc. Ms. Kristene Stark 401 Carlson Circle San Marcos TX 78666-6730		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		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.	
PSC-08-0734-PAA-TX		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7006 2760 0003 8797 9854	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

DOCUMENT NUMBER-DATE  
10555 NOV 13 8  
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