

RECEIVED--FPSC

08 DEC -9 AM 10: 27

COMMISSION  
CLERK

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>	<table border="1"><tr><td data-bbox="908 640 1256 719">A. Signature x <i>[Signature]</i></td><td data-bbox="1256 640 1434 719"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</td></tr><tr><td data-bbox="908 719 1256 795">B. Received by (<i>Printed Name</i>) <i>[Signature]</i></td><td data-bbox="1256 719 1434 795">C. Date of Delivery</td></tr></table>	A. Signature x <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by ( <i>Printed Name</i> ) <i>[Signature]</i>	C. Date of Delivery						
A. Signature x <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee										
B. Received by ( <i>Printed Name</i> ) <i>[Signature]</i>	C. Date of Delivery										
1. Article Addressed to: <b>080449</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No										
Grande Communications Networks, Inc. Ms. Kristene Stark 401 Carlson Circle San Marcos TX 78666-6730	<table border="1"><tr><td colspan="2">3. Service Type</td></tr><tr><td><input checked="" type="checkbox"/> Certified Mail</td><td><input type="checkbox"/> Express Mail</td></tr><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td><input type="checkbox"/> C.O.D.</td></tr><tr><td colspan="2">4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</td></tr></table>	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? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	
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? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes											
2. Article Number ( <i>Transfer from service label</i> ) <b>7006 2760 0003 8797 9939</b>											

PS Form 3811, February 2004

Domestic Return Receipt

102596-02-M-1540

DOCUMENT NUMBER-DATE

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