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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. 	A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>X Susan Spodow</i>	
1. Article Addressed to: PriStar Communications, L.C. 1809 North Black Horse Lake, Suite B-3 Williamstown NJ 08094-9147	B. Received by (Printed Name) <i>Susan Spodow</i>	C. Date of Delivery <i>4/29/09</i>
PSC-09-0242-PAA-TP 090114-TP DN# 03706-09	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7006 0810 0000 0169 4989	Domestic Return Receipt



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