

RECEIVED-FPSC

09 JUN -1 AM 10:27

COMMISSION CLERK

SEE OR H. 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>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>X Joyce Boss</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <i>Joyce Boss</i></p> <p>C. Date of Delivery  <i>5-29-09</i></p>
<p>1. Article Addressed to:</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>

Applewood Communications Corporation  
 436 Lynchburg Avenue  
 Brookneal VA 24528-2652

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.

2. Article Number (Transfer from service label) PSC-09-0364-PAA-T1 090286-T1

4. Restricted Delivery? (Extra Fee)  Yes

7006 0810 0002 3487 6589

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE  
 05388 JUN-1 8  
 FPSC-COMMISSION CLERK