RECEIVED-FPSC

09 JUN -8 AM 10: 21

COMMISSION CLERK

SERVICE THE SECTION	COMPLETE THIS SECTION ON DELIVERY
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. 1. Article Addressed to: IBN Intertelecom, Inc.	A. Signature X Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes Type anian solvery address below: No
P. O. Box 4100 Oakton VA 22124-8100	3. Service Type Sertified Ment Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
PSC-09-0364-PAR-TI 090272-TI	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 0810 0002 3487 5510 (Transfer from service label)	
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

05716 JUN-88

FPSC-COMMISSION CLERK