

RECEIVED-FPSC

09 JUN -8 AM 10:27

COMMISSION  
CLERK

**SENDER: COMPLETE THIS SECTION**

- 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:

Verizon Avenue  
Ms. Pamela Winters  
Verizon Avenue Corp.  
12901 Worldgate Dr.  
Herndon VA 20170-6012

PSC-09-D392-CO-TX 090192-TX

2. Article Number

(Transfer from service label)

7006 0810 0002 3487 7012

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Andrea Garcia*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery  
*6/8/08*

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No

3. Service Type

Certified Mail

Express Mail

Registered Mail

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery (Extra Fee)

Yes

DOCUMENT NUMBER-DATE

05724 JUN-8 8

FPSC-COMMISSION CLERK