

RECEIVED-FPSC  
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COMMISSION  
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100019-TP

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>	A. Signature <i>R. Folkerts</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <b>Ryan Folkerts</b> B. Received By (Printed Name) C. Date of Delivery <i>JAN 15 2010</i>
1. Article Addressed to:  Sprint PCS Legal Regulatory Department Mailstop: KSOPHI0414 6160 Sprint Parkway, Bldg. 9 Overland Park KS 66251	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <i>100019-TP</i> <i>Complaint</i> 7006 2760 0003 8796 7899	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

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

00459 JAN 20 09

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