

RECEIVED-FPSC

10 JAN 20 AM 10:09

COMMISSION  
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100022-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>Cherrette D...</i> <input type="checkbox"/> Agent Addressee	
1. Article Addressed to:  <p style="text-align: center;">NewPhone, Inc. Mr. Jim R. Dry 5555 Hilton Avenue, Suite 415 Baton Rouge LA 70808</p>	B. Received by (Printed Name) <i>A. Davis</i>	C. Date of Delivery <i>1/14/10</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
100022-TP <i>Complaint</i>	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 7006 2760 0003 8796 7912	

DOCUMENT NUMBER-DATE  
00460 JAN 20 09  
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