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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">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.	<p>A. Signature <input checked="" type="checkbox"/> Cheryl Wilkes <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Cheryl Wilkes <input type="checkbox"/> Date of Delivery <input type="checkbox"/> 6/11/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No S, enter delivery address below:</p>	
Midwestern Telecommunications, Incorporated P. O. Box 1401 Chicago Heights IL 60412-7401		
	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
100205-TV PSC-10-0369-CO-TX 2. Article Number (Transfer from service label)	7006 2760 0003 8796 8384	
PS Form 3811, February 2004	Domestic Return Receipt	100595-02-M-1540

DOCUMENT NUMBER-DATE

04894 JUN 14 09

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