

110115-TX
RECEIVED-FPSC
11 MAY 20 AM 9:31

COMMISSION
CLERK

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 x <i>Ann Schenow</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Ann Schenow</i> <i>5/17/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Excelacom Light, LLC. 11710 Plaza America Drive, Suite 1002 Reston VA 20190-4771</p>	<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><i>110115-TX PSC-16-0220-PMA-TX</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7009 3410 0002 4112 5474</i></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102505-02-M-1540</p>

DOCUMENT NUMBER-DATE
03524 MAY 20 =
FPSC-COMMISSION CLERK