

110120-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.		A. Signature <i>[Handwritten Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Address MBC Telecom LLC 297 Kingsbury Grade, Suite D#4470 Stateline NV 89449-4470		B. Received by (Printed Name) <i>Vinessa Lopez</i>	C. Date of Delivery <i>5/17/11</i>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) PS Form 3811, February 2004		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	
110120-TX P3C-11-0220-PAATX		7009 3410 0002 4112 5375	
Domestic Return Receipt		102595-02-M-1540	

DOCUMENT NUMBER-DATE

03526 MAY 20 =

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