

110120-TX

RECEIVED-FPSC

11 JUN 20 AM 10:53

COMMISSION
CLERK

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>[Handwritten Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>[Handwritten Name]</i></p>
<p>1. Article Addressed to:</p> <p>MBC Telecom LLC 297 Kingsbury Grade, Suite D4470 Stateline, Nevada 89449-4770</p> <p><i>110120 PSC 71-0248-CO-TX Nev.</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 3410 0002 4112 5566</p>

PS Form 3811, February 2004

Domestic Return Receipt

102985-02-44-1840

DOCUMENT NUMBER-DATE

04198 JUN 20 =

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