

RECEIVED-FPSC

11 AUG 22 AM 8:50

COMMISSION  
CLERK

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>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>(Signature)</i></p>	
<p>1. Article Addressed to: <i>090000-OT</i> <i>DN 03285-09</i></p> <p>HEATHER GIBBS REGULATORY MANAGER DELTACOM 7037 OLD MADISON PIKE HUNTSVILLE AL 35806</p>	<p>B. Received by (Printed Name)</p> <p><i>L. Burks</i></p>	<p>C. Date of Delivery</p> <p><i>8/18/11</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
	<p>3. Service Type</p> <p><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>	
<p>7009 3410 0002 4112 6600</p>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

DOCUMENT NUMBER-DATE

05957 AUG 22 =

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