

110000-0T

RECEIVED-FPSC

11 AUG 25 AM 9:04

COMMISSION
CLERK

NEVER 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 type="checkbox"/> Addressee <i>x W. Collins</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>W. Collins</i> <i>8/22/11</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>1. Article Addressed to: <i>undocketed</i> <i>DN 03436-09</i></p> <p>KEN CULPEPPER DIRECTOR COX - REGULATORY AFFAIRS 7401 FLORIDA BLVD BATON ROUGE LA 70805-4639</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 3410 0002 4112 6747</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102505-02-44-1540</p>

DOCUMENT NUMBER-DATE

06129 AUG 25 =

FPSC-COMMISSION CLERK