

RECEIVED-FPSC

11 AUG 26 AM 10: 08

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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>w/docked</b> <b>DN 02441-11</b>	B. Received by (Printed Name) <b>Staw Mitchell</b>	C. Date of Delivery
KAREN HIGGS MANAGER TARIFFS WINDSTREAM COMMUNICATIONS INC 4001 RODNEY PARHAM RD LITTLE ROCK AR 72212	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  <b>7009 3410 0002 4112 6808</b>	
PS Form 3811, February 2004    Domestic Return Receipt    102595-02-M-1540		

DOCUMENT NUMBER-DATE

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