

RECEIVED-PPSC

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>C. Miller</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Connie Miller</i>      <i>8:22:11</i></p>
<p>1. Article Addressed to: <i>undocketed</i>  <i>DN 03428-09</i></p> <p>MATTHEW T KINNEY MANAGER  RHK COMMUNICATIONS  REGULATORY COMPLIANCE  333 ELM ST STE 310  DEDHAM MA 02026</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>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>2. Article Number  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 3410 0002 4112 6662</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	

DOCUMENT NUMBER-DAT  
06147 AUG 26 =  
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