

RECEIVED-FPSC

11 AUG 26 AM 10:08

COMMISSION
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SENDER: 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 checked="" type="checkbox"/> <i>J. Morale</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>J. MORALE</i> C. Date of Delivery <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 03289-09</i></p> <p>BETTYE J WILLIS VICE PRESIDENT WINDSTREAM COMMUNICATIONS INC STATE GOVERNMENT AFFAIRS 13560 MORRIS RD STE 2500 MILTON GA 30004</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 6679</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1848</p>	

DOCUMENT NUMBER-DATE

06148 AUG 26 =

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