

RECEIVED-FPSC

11 AUG 29 AM 8:30

COMMISSION
CLERK

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>undocketed</i> <i>DNS 03431-09; 04514-09</i>	B. Received by (Printed Name) <i>SHACP</i>	C. Date of Delivery <i>8-22-11</i>
MERAJ ABDUL-QADIR INTERROGATORY MANAGER QWEST - LAW DEPARTMENT 1801 CALIFORNIA ST 10 TH FLOOR DENVER CO 80202	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(transfer from service label)</i>	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <i>7009 3410 0002 4112 6709</i>		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

DOCUMENT NUMBER - DATE

06199 AUG 29 =

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