

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 <i>[Signature]</i> | |
| | B. Received by (Printed Name) <i>J Lopez</i> | C. Date of Delivery <i>8/29/11</i> |
| 1. Article Addressed to: <i>undocked</i> <i>DN 03152-09</i> LAEL ATKINSON SENIOR PARALEGAL COVAD 7000 N MOPAC EXPY 2ND FLOOR AUSTIN TX 78731 | 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 (Transfer from service label) | 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. | |
| PS Form 3811, February | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 7009 3410 0002 4112 6693 | | |
| Domestic Return Receipt 108995-02-M-1540 | | |

DOCUMENT NUMBER-DATE
 06200 AUG 29 =
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