

RECEIVED-FPSC

11 DEC 28 AM 8: 22

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 X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 100327-TL DNS 05810-10 and 06412-10</p> <p>DULANEY L O'ROARK III ESQ VERIZON 5055 North Point Parkway ALPHARETTA GA 30022</p>	<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery 12/19</p>
<p>2. Article Number (Transfer from service label)</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>PS Form 3811, February 2004</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>7009 3410 0002 4112 6976</p>	
<p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

09145 DEC 28 =

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