

RECEIVED-FPSC

12 APR 30 AM 9:12

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>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>120000-0T</i> <i>09000-10</i>	B. Received by ( <i>Printed Name</i> ) <i>Ryan Hickman</i>	C. Date of Delivery <i>4-27-12</i>
<div style="border: 1px solid black; padding: 5px;"> <p>MR RONALD MUNN JR            NEXUS COMMUNICATIONS INC            3629 CLEVELAND AVE STE C            COLUMBUS OH 43224-2911</p> </div>	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.	
PS Form 3811, February 2004	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes	7009 3410 0002 4112 8307
Domestic Return Receipt		102595-02-M-1540

DOCUMENT NUMBER-DATE

02701 APR 30 09

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