

RECEIVED-FPSC  
 12 JUN -5 AM 10:18  
 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"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Telecomm LLC 27881 Via De Costa San Juan Capistrano, CA 92675-5384	B. Received by ( <i>Printed Name</i> ) C. Date of Delivery 5-24
PSC-12-0244-PAA-TX Docket # 120106-TX	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 2004	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes 7009 3410 0002 4112 7553 Domestic Return Receipt    102595-02-M-1540

DOCUMENT NUMBER-DATE  
 03618 JUN-5 04  
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