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## 12 JUN 25 AM 9: 30

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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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 epace permits.</li> </ul>	A. Signature Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
1. Article Addressed to: DPI-Teleconnect, L.L.C. Charles L. Schneider, Jr.	
1330 Capital Parkway Carrollton, Texas 75006-3647	3. Service Type         Service Type         Service Type         Registered         Registered         Insured Mail         C.O.D.
Be-12-6306-CO-TX 120109.	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service lab-y) 7009 3410	0002 4112 7690
PS Form 3811, February 2004 Domestic F	teturn Receipt 102595-02-M-1540

0 4 1 8 5 JUN 25 2 FPSC-COMMISSION CLERK

4