

RECEIVED-FPSC

13 MAR -8 AM 9:26

COMMISSION
CLERK

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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X</i> <i>[Signature]</i></p>	
1. Article Addressed to: <i>130000-OT DN 04355-12</i>	B. Received by (Printed Name) <i>K. SWANSON</i>	C. Date of Delivery <i>3/5</i>
JEFF JUNG MANAGER TDS TELECOM REGULATORY SETTLE/COSTING 525 JUNCTION RD MADISON WI 53717	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" 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? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt	7009 3410 0002 4113 1475	
102595-02-M-1540		

DOCUMENT NUMBER-DATE

01241 MAR-8 02

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