

RECEIVED-FPSC

14 FEB 10 AM 10:06

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 type="checkbox"/> Agent <i>Suzanne Traylor</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Suzanne Traylor</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>2/5</i></p>
1. Article Addressed to: <i>130158-TP</i> <i>DN 03390-13</i> <i>06183-13</i> <i>06890-13</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
BRUCE SCHIEFELBEIN MANAGER JEFF JUNG MANAGER TDS TELECOM - REGULATORY SECTION 525 JUNCTION RD MADISON WI 53717	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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	7011 3500 0001 5979 4219 Domestic Return Receipt 102595-02-M-1540