

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.	A. Signature <input checked="" type="checkbox"/> <i>S. M. O.</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: 130158-TP DN 06214-13	B. Received by (Printed Name) <i>SMITH</i>	C. Date of Delivery
JEFF HEACOX STAFF MANAGER WINDSTREAM - REGULATORY COMPLIANCE 4001 RODNEY PARHAM DR LITTLE ROCK AR 72212	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: 62014	
	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	
7011 3500 0001 5979 4233		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540