

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 <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p>
1. Article Addressed to: 150134-TX PSC-15-DICIS-PAATX	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
NewPhone, Inc. Mr. Jim R. Dry 7324 Southwest Freeway, Suite 475 Houston TX 77074-2042	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. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number (<i>Transfer from service label</i>)	7011 3500 0001 5977 6420

RECEIVED FPSC
15 JUN 15 AM 9:22
COMMISSION CLERK