

RECEIVED-FPSC

11 JUL 20 AM 10:43

COMMISSION
CLERK

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Marie Bouthier</i>
1. Article Addressed to: <p style="text-align: center;">Infinity Networks, Inc. 309 East Mark Street Marksville, LA 71351-2431</p>	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee C. Date of Delivery <p style="text-align: right; font-size: 1.5em;"><i>7/15/14</i></p>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No 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.
PSC-11-0299-CO-T1 110146 max 7009 3410 0002 4112 5856	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

05002 JUL 20 =

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