

RECEIVED--FPSC

11 AUG 26 AM 10: 08

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>1. Article Addressed to: undocketed DN 03390-09</p> <p>SHARON ADAMS SENIOR REGULATORY ANALYST XO COMMUNICATIONS 13865 SUNRISE VALLEY DR HERNDON VA 20171</p> | <p>B. Received by (Printed Name) Paul G. [Signature]</p> | <p>C. Date of Delivery 082211</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> | |
| | <p>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.</p> | |
| | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 6723</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102505-02-M-1640

DOCUMENT NUMBER-DATE

06149 AUG 26 =

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