


ORIGINAL

070351

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"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>070351</u> Auglink Communications, Inc. Ms. Judith A. Riley 2912 Lakeside Drive Oklahoma City OK 73120-2508	B. Received by (<i>Printed Name</i>) <u>D Martin</u>	C. Date of Delivery <u>7-16</u>
2. Article Number (<i>Transfer from service label</i>)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<u>PSC-07-0547-PAA-TX</u>	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
7006 0810 0002 3488 0920		
Domestic Return Receipt		
102595-02-M-1540		

DOCUMENT NUMBER-DATE

05973 JUL 17 8

FPSC-COMMISSION CLERK