

RECEIVED FPSC

07 NOV -5 PM 3:44

COMMISSION
CLERK

DOCUMENT NUMBER DATE
10056 NOV-5 2
FPSC-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 X</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to: 070539	
Telcentrex, LLC 5490 McGinnis Village Place, Suite 114	
	<p>Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
2. Article Number (Transfer from service) PSC-07-0738-Co-TI	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7006 2760 0003 8797 5504	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2540 Stamp
Toll-free 1-800-398-5879



mission
leard
9 0850

RETURN LEFT BY ADDRESSEE
 RETURN TO SENDER
 NO SUCH NUMBER
 NO SUCH NUMBER
 NOT DELIVERED
 ADDRESS UNKNOWN
 ADDRESSED W/ABN TO FORWARD



005940
US POSTAGE