

RECEIVED--FPSC

10 JUL -6 AM 9: 22

COMMISSION
CLERK

100236-TI

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"/> 100 White <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 7-2-10
1. Article Addressed to:	B. Received by (Printed Name) Joe White	
Nexxtworks Long Distance, Inc. 5909 N.W. Expressway, Suite 101 Oklahoma City OK 73132-5103 PSC-10-0411-CO-TI 100236-TI	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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? (Extra Fee) <input type="checkbox"/> Yes	
7006 2760 0003 8796 8780		
Domestic Return Receipt		102595-02-M-1540

DOCUMENT NUMBER-DATE

05480 JUL -6 09

FPSC-COMMISSION CLERK