

RECEIVED-FPSC

11 JUN 24 AM 8:53

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 <i>Becky L...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Infinity Networks, Inc. 309 East Mark Street Marksville, LA 71351-2431</p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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>2. Article Number (Transfer from service label)</p>	<p><i>110146-T1 PSC-11-0260-PAA-T1 DW</i></p> <p>7009 3410 0002 4112 6051</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	

DOCUMENT NUMBER-DATE

04364 JUN 24 =

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