


RECEIVED-FPSC

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COMMISSION
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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 X <i>W Fallermide</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 110000-0T DN 04587-09 DOUGLAS C NELSON SPRINT NEXTEL STATE REGULATORY AFFAIRS 3065 AKERS MILL RD SE STE 700 ATLANTA GA 30339	B. Received by (Printed Name) C. Date of Delivery Delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	<input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7009 3410 0002 4112 6877	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

DOCUMENT NUMBER-DATE

07720 OCT 21 =

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