

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
■ Complete items 1, 2, and 3. ■ 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 <i>Belinda Zepeda</i> ☐ Agent ☐ Addressee B. Received by (Printed Name) <i>Belinda Zepeda</i> C. Date of Delivery D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No																
1. Article Addressed to: PSC-2026-0134-PAA-TX Dkt 20260058- TX DN 02674-2026 Erik Stiernstedt Open Infra East Inc. 520 N Loop 288 Denton TX 76209 9590 9402 6460 0346 0132 12	3. Service Type <table border="0"><tr><td>☐ Adult Signature</td><td>☐ Priority Mail Express®</td></tr><tr><td>☐ Adult Signature Restricted Delivery</td><td>☐ Registered Mail™</td></tr><tr><td>☒ Certified Mail®</td><td>☐ Registered Mail Restricted Delivery</td></tr><tr><td>☐ Certified Mail Restricted Delivery</td><td>☐ Signature Confirmation™</td></tr><tr><td>☐ Collect on Delivery</td><td>☐ Signature Confirmation Restricted Delivery</td></tr><tr><td>☐ Collect on Delivery Restricted Delivery</td><td></td></tr><tr><td>☐ Insured Mail</td><td></td></tr><tr><td>☐ Insured Mail Restricted Delivery (over \$500)</td><td></td></tr></table>	☐ Adult Signature	☐ Priority Mail Express®	☐ Adult Signature Restricted Delivery	☐ Registered Mail™	☒ Certified Mail®	☐ Registered Mail Restricted Delivery	☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™	☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery	☐ Collect on Delivery Restricted Delivery		☐ Insured Mail		☐ Insured Mail Restricted Delivery (over \$500)	
☐ Adult Signature	☐ Priority Mail Express®																
☐ Adult Signature Restricted Delivery	☐ Registered Mail™																
☒ Certified Mail®	☐ Registered Mail Restricted Delivery																
☐ Certified Mail Restricted Delivery	☐ Signature Confirmation™																
☐ Collect on Delivery	☐ Signature Confirmation Restricted Delivery																
☐ Collect on Delivery Restricted Delivery																	
☐ Insured Mail																	
☐ Insured Mail Restricted Delivery (over \$500)																	
2. Article Number (Transfer from service label) 7020 1290 0000 7279 1814																	
PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt																	

COMMISSION
CLERK

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