

SENDER COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

Daniel Logsdon
Alltel Communications, INC.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

[Handwritten Signature]

B. Received by (Printed Name) C. Date of Delivery

FAMON FAGAN 1/27-06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

FEB 6 2006

3. Service Type

Certified Mail Express Mail **PUBLIC SERVICE COMMISSION**

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (1. Article Number from service label) 7001 0320 0004 8167 0616

PS Form 3811, August 2001 Domestic Return Receipt 05-482
1/2/06

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

PUBLIC SERVICE COMMISSION
211 SOWER BLVD
PO. BOX 615
FRANKFORT, KY 40602