

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7007 0710 0000 8014 8632

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

RECEIVED
 JAN 09 2013
 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION

Sent To Pulse Telecom LLC

Street, Apt. No., or PO Box No. _____

City, State, ZIP+4 _____

PS Form 3800, August 2006 See Reverse for Instructions

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:

Pulse Telecom LLC
Carol Denton
4969 US Hwy 42, Suite 2700
Louisville, KY 40222

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent Addressee

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

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

E. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

RECEIVED
 JAN 22 2013
 SOUTH DAKOTA PUBLIC UTILITIES COMMISSION
 LOUISVILLE, KY
 JAN 14 2013
 USPS - 40222

2. Article Number (Transfer from service label) 7007 0710 0000 8014 8632