

FILED<sup>3</sup>

JUN 18 2011

Missouri Public  
Service Commission

IC-2011-0385-6/6/11

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                                     | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>                            | <p>A. Signature<br/>X <i>Russell A. Win</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>6/8/11</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>If delivery address below: <input type="checkbox"/> No</p> |
| 1. Article Addressed to:<br><br>Halo Wireiess, Inc.<br>Legal Department<br>2351 W. Northwest Highway, Suite 1204<br>Dallas, TX 75220                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |
| <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |                                                                                                                                                                                                                                                                                                                                                                |
| 2. Article Number<br>(Transfer from service label) 7008 2810 0001 2932 9233                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                |
| PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                |

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