

LC-12-0421

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
■ 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 ☒ <i>James Hollingsworth</i> ☐ Agent ☐ Addressee	
1. Article Addressed to: Cintex Wireless, LLC Legal Department 11910 Parklawn Dr, Suite U Rockville, MD 20852		B. Received by (Printed Name) <i>J. HOLLINGSWORTH</i> C. Date of Delivery D. Is delivery address different from item 1? ☒ Yes ☐ No If YES, enter delivery address below: PO BOX 8667 GAITHERSBURG	
		3. Service Type ☐ Certified Mail ☐ Express Mail 2012 ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. USPS	
		4. Restricted Delivery? (Extra Fee) ☐ Yes	
2. Article Number (Transfer from service label)		7008 2810 0001 2932 8461	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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