

UNITED STATES POSTAL SERVICE



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

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

FILED<sup>4</sup>

JUN 13 2006

DM

Missouri Public  
Service Commission

GENERAL COUNSEL'S OFFICE

APR 25 2006

RECEIVED

COMMISSION COUNSEL  
PUBLIC SERVICE COMMISSION

**R: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete  
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,  
on the front if space permits.

Mail Addressed to:

ICG Telecom Group, Inc.  
161 Inverness Drive West  
Engelwood, CO 80202

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> <i>B. Walters</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>D. Walters</i>	C. Date of Delivery <i>4/19/06</i>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:		<input type="checkbox"/> No

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

Article Number

(Transfer from service label)

7003 3110 0004 0201 0600

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540