SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>Mr. Richard J. Boushka c/o American Telco, Inc. Controller, Western Communication 2950 North Loop W. Suite 1200 Houston, TX 77092-8838</li> </ul>	A. Signature X Kuy Kuupka Agent Addressee B. Received by (Printed Nerve) C, Date b Delivery Kay Kup Key (Jelle D) D. Is delivery address different from item 1? 9 Yes If YES, enter delivery address below: No S, Inc. Se Type Contified Mail Sgistered Express Mail Sgistered Return Receipt for Merchandise
	sured Mail C.O.D.
2. Article Number (Transfer from service lebel)	
PS Form 3811, August 2001 Domestic Re	turn Receipt 102595-01-M-2509





Appendix 3

ntrollen TITLE fon Common OPERATING he calendar ye o your respecti	The series of from sections, ited under Western (ommu- IUE Inc. d/b/a Logix Commun- TELEPHONE # inform GREVENUE of the above- ear 2002, is: IVE UTILITY OPERATIONS. IF YOU EMENT OF REVENUE FORM FOR EACH AND INDICATE ON EACH FORM THE S S S S S S S S S S S S S
TITLE COPERATING the calendar ye to your respecting the submit a state ALL COMPANIES STATEMENT.	TELEPHONE # TELEPHONE # TELEPHONE # S REVENUE of the above- ear 2002, is: IVE UTILITY OPERATIONS. IF YOU EMENT OF REVENUE FORM FOR EACH
TITLE COPERATING the calendar ye to your respecting the submit a state ALL COMPANIES STATEMENT.	TELEPHONE # TELEPHONE # TELEPHONE # S REVENUE of the above- ear 2002, is: IVE UTILITY OPERATIONS. IF YOU EMENT OF REVENUE FORM FOR EACH
TITLE COPERATING the calendar ye to your respecting the submit a state ALL COMPANIES STATEMENT.	TELEPHONE # TELEPHONE # TELEPHONE # S REVENUE of the above- ear 2002, is: IVE UTILITY OPERATIONS. IF YOU EMENT OF REVENUE FORM FOR EACH
he calendar ye o your respecti I, submit a state <u>All companies</u> statement.	<b>GREVENUE of the above-</b> <b>car 2002, is:</b> IVE UTILITY OPERATIONS. IF YOU EMENT OF REVENUE FORM FOR EACH
he calendar ye o your respecti I, submit a state <u>All companies</u> statement.	ear 2002, is: ive utility operations. If you ement of revenue form for each
JE	s <u>0</u> s <u>0</u> s <u>0</u> s <u>0</u> s <u>0</u> s <u>0</u>
JE	s 4 s 4 s 4 s 4 s 4 s 4
JE	s 4 s 4 s 4 s 4
JE	s 4 s 9
JE	s
	s <del>o</del>
Kul	SIPAERCEIVE
Public in and f	JUN 0 9 2003 For said County and State this INTERNAL ACCOUNTING MO. P.S.C.
Re	Aute C. Long NOTARY PUBLIC
	Fublic in and f

