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| SENDER: COMPLETE THIS SE | ECTION | COMPLETE THIS SECTION ON DELIVE | RY |
|--|--------------------|--|-----------------------------------|
| 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. Regeived by (Please Print Clearly) B. C. Signature X /- Vun/s /- C. D. Is delivery address different from item 1 | Date of Delivery Agent Addressee |
| 1. Article Addressed to: PSC- 05 - 1257 | 050 124 | If YES, enter delivery address below: | □ No |
| Global Communications Mr. Patrick D. Crocker Mr. Early Lennon Crocker Mr. 40007 | r r & Bartosiev | | |
| Kalamazoo MI 49007-4 | / 13 | ☐ Registered ☐ Return Receipt ☐ Insured Mail ☐ C.O.D. | for Merchandise |
| | | 4. Restricted Delivery? (Extra Fee) | ☐ Yes |
| Article Number (Transfer from service label) | 7004 | 1160 0004 5751 0384 | |
| PS Form 3811, March 2001 | Domestic Re | eturn Receipt | 102595-01-M-1424 |

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