

| SENDER: COMPLETE THIS SECTION | N | COMPLETE THIS SECTION ON DELIVERY |
|---|---------------|---|
| Complete items 1, 2, and 3. Also corritem 4 if Restricted Delivery is desired Print your name and address on the so that we can return the card to you Attach this card to the back of the mor on the front if space permits. | d. reverse | Received by (Printed Name) Kuthina Thompson 9/77 |
| 1. Article Addressed to: 87049 | 8 | D. Is delivery address different from item 17 2 Yes If YES, enter delivery address below: 2 No |
| Expedient Carrier Serv 810 Parish Street Pittsburgh PA 15220-3 | | |
| | | vice Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. |
| PSC-07-0738-CO | -TI | 4. Restricted Delivery? (Extra Fee) |
| 2. Article Number (Transfer from service label) | | 2760 0003 8797 5870 |
| PS Form 3811, February 2004 | Domestic Retu | urn Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

102595-02-M-1540

08640 SEP 21 5

FPSC-COMMISSION CLERK