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<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>	
1. Article Addressed to: 020361	A. Signature X J. Hoge <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
United Telemanagement Systems, Inc. 6450 Poe Avenue, Suite 401 Dayton OH 45414-2647	B. Received by (Printed Name) 1 C. Date of Delivery 8/19/08
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
REC-08-0524-PAA-TI	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7004 1160 0004 5751 3040	
PS Form 3811, February 2004	Domestic Return Receipt
	PSN 02-M-1540

DOCUMENT NUMBER-DATE

07668 AUG 25 08

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