


RECEIVED-FPSC

08 SEP -8 PM 12: 08

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ 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. <p>1. Article Addressed to: 080476</p> <p>Matrix Business Technologies Mr. Scott Klopach 7174 Forest Lane, Suite 700 Dallas TX 75230-2306</p> <p>PSC-08-0563-PAA-TX</p>	A. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) James Boyd	C. Date of Delivery 9-3-08
	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 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	
	7006 2760 0003 8797 7881	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08289 SEP-8 8

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