

RECEIVED-FPSC

08 SEP 15 AM 10:18

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <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> </ul> | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Edward B. Carter</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>  |
| <p>1. Article Addressed to: <i>080346</i></p> <p>The Dodson Group, Inc.<br/>           9100 Keystone Crossing, #750<br/>           Indianapolis IN 46240-2161</p>  | <p>B. Received by / Printed Name <i>ERIC B. CARTER</i> C. Date of Delivery <i>9-11-08</i></p>  |
| <p><i>PSC-08-0577-CO-TI</i></p>  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>           If YES, enter delivery address below: <input type="checkbox"/> No</p>   |
| <p>2. Article Number<br/>           (Transfer from service label) <i>7006 2760 0003 8797 8420</i></p>  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

*08609* SEP 15 08

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