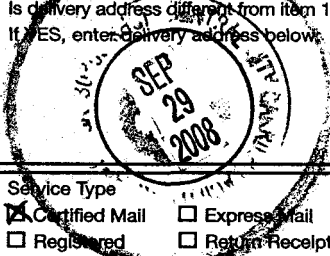


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08 OCT -1 AM 10:13

COMMISSION
CLERK

RECIPIENT: 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. 	A. Signature X <i>W. Nelson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 080453	B. Received by (<i>Printed Name</i>) <i>D. Johnson</i>	C. Date of Delivery <i>9/29</i>
WinSonic Digital Media Group, Ltd. Corp. 101 Marietta Street, N.W., Suite 2600 Atlanta GA 30303-2781	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
PSC-08-0617-CO-TX	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7006 2760 0003 8797 9021	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09251 OCT-1 8

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