

RECEIVED-FPSC

11 JUL 19 AM 9:31

COMMISSION  
CLERK

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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article /</p> <p style="text-align: center;">Grasshopper Group, LLC  197 1st Avenue, Suite 200  Needham MA 02494-2873</p>	<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery  7-15-11</p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number  (Transfer from service label)</p>	<p>3. Service Type</p> <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.	
<p>PSC-11-0299-CO-TL 110164 max</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p style="text-align: center;">7009 3410 0002 4112 6303</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102500-02-M-1040

DOCUMENT NUMBER-DATE

04975 JUL 19 =

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