

RECEIVED-FPSC

12 MAY -2 AM 9:26

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Donna B. Fowler</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Donna B. Fowler</i> <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery <i>4/30/12</i></p>
1. Article Addressed to: <i>120009-EI</i> <i>07099-10; 07100-10</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<p>JAMES S WHITLOCK ESQUIRE GARY A DAVIS &amp; ASSOCIATES 61 N ANDREWS AVE HOT SPRINGS NC 28743</p>	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.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7009 3410 0002 4112 7867
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

02785 MAY-2 2012

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