

ORIGINAL

RECEIVED-FPSC

03 DEC -1 AM 10:49

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. 	A. Received by (Please Print Clearly) <i>Tina Tecce</i>	B. Date of Delivery
<p>1. Article Addressed to: <i>030757</i></p> <p>ETI-Telecommunications, Inc. Ms. Tina Tecce P. O. Box 534 Ringoes NJ 08551-0534</p>	C. Signature <input checked="" type="checkbox"/> <i>Tina Tecce</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
<p>2. Article Number (Transfer from service label)</p>	D. Is delivery address different from item 1? if YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
<p>PS Form 3811, March 2001</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.	
<p>Domestic Return Receipt</p>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<p>102595-01-M-1424</p>	<p>7002 0860 0001 1758 6740</p>	

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
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 OTH _____

DOCUMENT NUMBER-DATE

12115 DEC-18

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