


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"> 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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 020406</p> <p>Worldnet 9967 Muirlands Blvd. Irvine CA 92618-2508</p>	<p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>2. Article Number PSC-08-0517-CO-TI (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p> 
<p>PS Form 3811, February 2004</p>	<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> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 2760 0003 8797 8796</p>	
<p>Domestic Return Receipt 102595-02-M-1540</p>	

DOCUMENT NUMBER-DATE

08611 SEP 15 8

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