

ORIGINAL

PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1.  Addressee's Address
2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: 0 11277

4a. Article Number \_\_\_\_\_

Asset Channels-Telecom, Inc.  
244 Elm Street  
New Canaan CT 06840-5309

PSC-01-2412-PAA-TX

6. Signature: (Addressee or Agent)  
X [Signature]

Certified  
 Insured  
 COD

Address (Only if requested aid) 12-26-01

Domestic Return Receipt

ed on the reverse side?

Is your RE

Thank you for using Return Receipt Service.

APP  
CAF  
CMP  
COM  
CTR  
ECR  
LEG  
OPC  
PAI  
RGO  
SEC  
SER  
OTH

DOCUMENT NUMBER-DATE

00024 JAN-28

FPSC-COMMISSION CLERK