


ORIGINAL

RECEIVED FPSC
03 OCT 23 AM 9:34
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) | B. Date of Delivery 10/20 |
| <p>1. Article Addressed to: 030720</p> <p>MAH Communications, Inc. 151 Kalmus Drive, J-7 Costa Mesa CA 92626-5974</p> | <p>C. Signature X </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>2. Article Number (Transfer from service label)</p> | <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | |
| <p>PS Form 3811, March 2001</p> | <p>3. Service Type</p> <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> | |
| | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC **+** _____
OTH _____

DOCUMENT NUMBER-DATE

10450 OCT 23 8

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