

ORIGINAL

RECEIVED-PPSC

NOV-3 AM 10:37

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>A. Parasaram</i>	B. Date of Delivery <i>10-29-03</i>
1. Article Addressed to: 030827 All-Star Acquisition Corporation 1151 Seven Locks Road Potomac MD 20854-2968	C. Signature <i>x a. parasaram</i>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 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	
	7002 0860 0001 1758 6696	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 DPC _____
 MMS _____
 SEC 1
 OTH _____

DOCUMENT NUMBER-DATE

10884 NOV-3 03

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