

ORIGINAL

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COMMISSION
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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) <u>SAM BETTO</u>	B. Date of Delivery <u>11/24/03</u>
1. Article Addressed to: <u>030798</u>	C. Signature <input checked="" type="checkbox"/> <u>Sam Betto</u>	
Telis Communications Group, Inc. 1640 ... Los ...	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below:	
PS Form 3811, March 2001	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
102595-01-M-1424	7002 0860 0001 1758 6825	

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12114 DEC-18

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