

ORIGINAL

RECEIVED FPSC

JUL 26 AM 10:08

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. Received by (<i>Please Print Clearly</i>) <u>N. CALABRESE</u> B. Date of Delivery <u>7/22</u></p> <p>C. Signature <u>N. Calabrese</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>040196</u></p> <p>Globcom, Inc. 2100 Sanders Road, Suite 150 Northbrook IL 60062-6140</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number (<i>Transfer from service label</i>)</p>	
<p>PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424</p>	

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

Consummating Order PSC-04-0701-CO-II

DOCUMENT NUMBER DATE

08069 JUL 26 3

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