

ORIGINAL

RECEIVED-EPSC

04 AUG 17 AM 9:43

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
1. Article Addressed to: 040427	C. Signature <i>Lance J.M. Steinhart</i>	AUG 13 2004 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
oxTel, Inc. r. Lance J.M. Steinhart Telecom Compliance Services, Inc. 720 Windward Concourse, Suite 250 Alpharetta GA 30005-2293	D. Is delivery address different from Item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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 7785	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

08925 AUG 17 3

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