

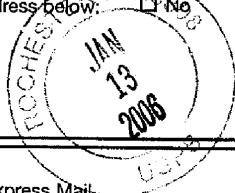
ORIGINAL

RECEIVED-FPSC

JAN 17 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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
050838 Primo Communications, Inc. Mr. Benjamin D. Ardelean, CEO P.O. Box 31965 Rochester MI 48308	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PSC-06-0026-PAA-II	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number	7004 1160 0004 5751 0940	
(Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1426

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

DOCUMENT NUMBER-DATE

00394 JAN 17 08

FPSC-COMMISSION CLERK