

# ORIGINAL

RECEIVED FPSC

JAN 20 AM 9:17

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Received by (Name) (Print clearly) _____ B. Date of Delivery _____</p> <p>C. Signature _____</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:  <b>PSC-05-1258</b>                      <b>050728</b></p> <p>Communicate Technological Systems, LLC          2646 South Loop West, Suite 600          Houston TX 77054-2678</p> <p style="text-align: center;"><i>RAP</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>HOUSTON TX 77054</b></p> <p>Service Type</p> <p><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? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>77054-2678</p>	<p>7004 1160 0004 5751 0407</p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt                      102595-01-M-1424</p>

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

DOCUMENT NUMBER-DATE  
**00530 JAN 20 08**  
 FPSC-COMMISSION CLERK