

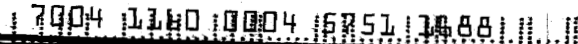
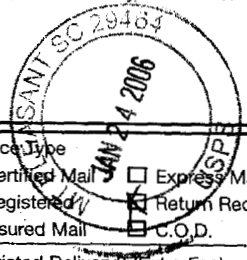
ORIGINAL

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COMMISSION  
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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>	A. Received by (Please Print Clearly) <b>Earl McGuinness</b>	B. Date of Delivery
1. Article Addressed to: <p style="text-align: center;">050789</p> <p>Digital Telecommunications            P. O. Box 302            Mt. Pleasant SC 29465-0302</p> <p style="text-align: center;">PSC-06-0051-CO-TI</p>	C. Signature <input checked="" type="checkbox"/> <b>Earl McGuinness</b>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, March 2001	Service Type <input 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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	



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 XOM \_\_\_\_\_  
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 XIA \_\_\_\_\_  
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 00829 JAN 27 06  
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