

ORIGINAL

RECEIVED-FFSC

SCANNED

06 JUL 27 PM 12:38

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 060465

CI2, Inc.
 Building 12, Suite 300
 1642 Power Ferry Road
 Marietta, GA 30067-9496

2. Article Number

(Transfer from service label)

7004 1160 0004 5751 3880

PS Form 3841, March 2001

Domestic Return Receipt

102595-01-M-1424

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) SMason B. Date of Delivery 7/27/06

C. Signature SMason Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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

DOCUMENT NUMBER-DATE

06645 JUL 27 06

FFSC-COMMISSION CLERK