

ORIGINAL
RECEIVED-FPSC

05 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: 060462

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

PSC-06-0611-AAA-TX

2. Article Number
(Transfer from service label)

7004 1160 0004 5751 2791

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X SMason Agent
 Addressee

B. Received by (Printed Name) SMASON C. Date of Delivery 7/26

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

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 _____
- SCL _____
- OPC _____
- ICA _____
- ICR _____
- GA _____
- EC 1
- TH _____

DOCUMENT NUMBER-DATE

06646 JUL 27 8

FPSC-COMMISSION CLERK