

ORIGINAL

RECEIVED-PPSC

06 AUG 23 AM 9:36

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. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: <u>060462</u> CI2, Inc. Building 12, Suite 300 1642 Power Ferry Road Marietta, GA 30067-9496 <u>PSC-06-0705-CO-TX</u>	B. Received by (Printed Name) <u>S. MASON</u>	C. Date of Delivery <u>8-21-06</u>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>1642 Power Ferry Rd</u> <u>Marietta GA 30067</u>	
	3. Service Type <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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7004 1160 0004 5751 4306	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- CMP _____
- COM _____
- CTR _____
- ECR _____
- 3CL _____
- DPC _____
- RCA _____
- SCR _____
- IGA _____
- IEC |
- YTH _____

DOCUMENT NUMBER-DATE

07652 AUG 23 06

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