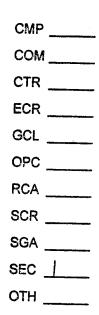
## ORIGINAL

## RECEIVED-FPSC

06 AUG 24 AM 9: 22

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	CCMPLETE THIS SECTION ON DELIVERY
<ul> <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. Signature
1. Article Addressed to: 060466-T-	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
AllCom USA, Inc. 10390 Commerce Center Drive, Sup 250 Rancho Cucamonga, CA 91730-58	
	3. Service Type     Service Type     Certified Mail     Express Mail     Registered     Return Receipt for Merchandise     Insured Mail     C.O.D.
_P5C-06 \$701-W-TT	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005	1160 0003 8789 6724
PS Form 3811, February 2004 Domestic Retu	Im Receipt 102595-02-M-1540



## DOCUMENT NUMBER-DATE

FPSC-COMMISSION CLERK