

ORIGINAL

RECEIVED-FPSC

06 SEP 28 AM 9:17

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. <p><i>060640 TP comp. mas</i></p> <p>Evercom Systems, Inc. d/b/a Correctional Billing Services Curtis Hopfinger, Director, Governmental Affairs 14651 Dallas Parkway, 6th Floor Dallas, Texas 75254-7476</p>	<p>A. Signature <i>J. Hindman</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>J H I N D M A N</i> C. Date of Delivery <i>9/25/04</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <hr/> <p>Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> <hr/> <p>2. Article Number <i>7005 1160 0003 8789 7202</i> (<i>Transfer from service label</i>)</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

DOCUMENT NUMBER-DATE
08970 SEP 28 04
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