

ORIGINAL

RECEIVED

05 DEC 21 AM 9:32

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: 060502	B. Received by (Printed Name)	C. Date of Delivery 12-14-06
WL Solutions, Inc. 42 Broadway, Suite 1101, 11th Floor New York NY 10004-3824  PSC-06-1014-CO-TI	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No  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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7004 1160 0004 5751 3569	

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

1P \_\_\_\_\_  
 2M \_\_\_\_\_  
 3R \_\_\_\_\_  
 4R \_\_\_\_\_  
 5L \_\_\_\_\_  
 6C \_\_\_\_\_  
 7A \_\_\_\_\_  
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 9A \_\_\_\_\_  
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DOCUMENT NUMBER-DATE  
 11652 DEC 21 08  
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