

ORIGINAL

070351-TX

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>A. Signature x <i>Ueb'ark</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Victi Sark</i></p> <p>C. Date of Delivery <i>7-20-07</i></p>
1. Article Addressed to: 070351	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Access Integrated Networks, Inc. Ms. Sharyl D. Fowler 4885 Riverside Drive, Suite 304 Macon GA 31210-1147	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 checked="" type="checkbox"/> C.O.D.
PSC-07-0547-PAA-TX	4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes
2. Article Number (<i>Transfer from service label</i>)	7006 0810 0002 3488 0883
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

05650 JUL-68

FPSC-COMMISSION CLERK