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| SENDER, COMPLETE THIS SECTION   | COMPLETE 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> <li>1. Article Addressed to:</li> <li>Telsys, Inc.</li> <li>979 Alta Vista Drive, Suite 200</li> </ul> | A. Signature  X. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  ACM  D. Is delivery address different from Item 1?  Yes  If YES, enter delivery address below:  No |
| Altadena CA 91001-1736  | 3. Service Type  **SE Certified Mail  |
| PSC-08-0366-CO-TP   | 4. Restricted Delivery? (Extra Fee)   |
| 2. Article Number (Transfer from service label)   | 10 0000 0167 5407   |
| DS Form 3811 February 2004 Demostic Re  | turn Receipt 102595-02-M-1540   |

ODCUMENT NUMBER-DATE

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