


RECEIVED-FPSC

08 AUG 21 AM 10:07

COMMISSION
CLERK

BEFORE: 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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery <u>18</u> AUG 2008</p>
<p>1. Article Addressed to: <u>080370</u></p> <p>NobelTel, LLC 5857 Queens Avenue, Suite 202 Carlsbad, CA 92008-5507</p> <p><u>PSC-08-0524-PAA-TI</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>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 type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7004 1160 0004 5751 3095</u></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102895-02-M-1540

DOCUMENT NUMBER-DATE

07525 AUG 21 8

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