

RECEIVED-FPSC

08 AUG 25 PM 1:04

COMMISSION  
CLERK

INSTRUCTIONS TO COMPLETER		INSTRUCTIONS TO THE SYSTEM	
<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 <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>080398</b> LN Prepaid Mr. Raul Cardenas 1920 South Main Street, Suite 271 McAllen TX 78503-5414		B. Received by (Printed Name) <i>E. SUQUZ</i>	C. Date of Delivery <i>8-19-08</i>
		D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
* Article Number (transfer from service label)		7004 1160 0004 5751 3286	
Form 3811, February 2004		Domestic Return Receipt	
		FD-3811-02-10-1540	

DOCUMENT NUMBER-DATE  
#07667 AUG 25 8  
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