


RECEIVED - PSC

10 JUN 15 AM 8:45

COMMISSION
CLERK

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 <input checked="" type="checkbox"/> <i>Julia</i>  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Great America Networks, Inc. 10350 Heritage Park Drive, Suite 101 Santa Fe Springs CA 90670-7306</p>	<p>B. Received by (Printed Name) <i>Julia MUÑOZ</i></p>	<p>C. Date of Delivery <i>6/11/10</i></p>
	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</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) <i>100214 TX PSC-10-031A-CO-TX</i></p>	<p><i>7006 2760 0003 8796 8742</i></p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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FPSC-COMMISSION