


RECEIVED-FPSC
13 SEP 26 AM 9:47
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.	A. Signature X 	<input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
	B. Received by (Printed Name) <i>Pat Crocker</i>	C. Date of Delivery 9-23
1. Article Addressed to: 130000-OT DNS 02953-10; 02956-10; 03800-10	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>KA</i>	
PATRICK D CROCKER ESQUIRE CROCKER & CROCKER PC THE KALAMAZOO BLDG 4 TH FL 107 W MICHIGAN AVE KALAMAZOO MI	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	
2. Article Number (Transfer from service label)	7006 2760 0003 8795 1560	