

ORIGINAL

001354-TI

01-0002-PAA

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. Received by (Please Print Clearly)	B. Date of Delivery
	C. Signature	Jan 8 2007
	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 Article Addressed to: 001354	If YES, enter delivery address below:	
Arc Phone USA Inc. Neda Moeini 180 West Beaver Creek Road Richmondhill, Ontario Canada L4B 1B4		<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) Yes
2 Article Number (Copy from service label)	000 06 00 0026 4144. 7625	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 EDR _____
 LEG _____
 OPC _____
 PAI _____
 RGO _____
 SEC I _____
 SER _____
 OTH _____

DOCUMENT NUMBER-DATE

00603 JAN 16 06

FPSC-RECORDS/REPORTING