

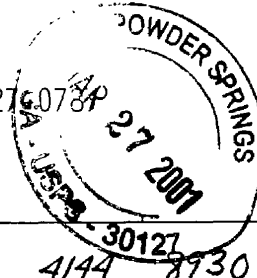
ORIGINAL

001458-TX

0724-PAH

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<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>	<p>A. Received by (Please Print Clearly) <u>GININA HEARD</u> B. Date of Delivery _____</p> <p>C. Signature <u>GININA HEARD</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</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>1. Article Addressed to:</p>	

ABC Connect  
 Everett L. Heard  
 P. O. Box 727  
 Powder Springs GA 30127-0727



001458-TX

Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 (Postage and Service Fee)  Yes

2. Article Number (Copy from service label)  
7000 0600 0026 4144 8930

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

APP  
 CAF  
 CMP  
 COM  
 JTR  
 ECR  
 LEG  
 OPC  
 PAI  
 RGO  
 SEC  
 SER  
 DTH

DOCUMENT NUMBER-DATE

04018 APR-26

FPSC-RECORDS/REPORTING