

ORIGINAL

010616-WS

SENDER: COMPLETE THIS SECTION

- 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.

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) _____ B. Date of Delivery 5-3-06

C. Signature Stephane Lalanne Agent Addressee

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below: _____

Communities Finance Limited Partnership
 Water Oak Utility
 Harron, Regional Manager
 90 Middlebelt Road, Suite 145
 Farmington Hills, Michigan 48334-2321

-WS

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-0952

- APP _____
- CAF _____
- OMP _____
- COM _____
- CTR _____
- ECR _____
- LEG _____
- OPC _____
- PAI _____
- REG _____
- SEC T _____
- SER _____
- OTH _____

DOCUMENT NUMBER-DATE

05862 MAY 10 06

FPSC-RECORDS/REPORTING