


ORIGINAL

01-1147-AAA

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 5-24-01
1. Article Addressed to:	C. Signature X <i>Traci Dukes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Communications, LLC Chris Stockhoff ecom Compliance Services, Inc. East Johns Crossing, Suite 285 John GA 30097-1568	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article 700		
PS Form	3. Service Type <input 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	

pp _____
 AF _____
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DOCUMENT NUMBER-DATE
 06690 MAY 29 06
 FISC RECORDS REPORTING