

020577-

ORIGINAL

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) <i>Suzie Natus</i>	B. Date of Delivery <i>9/16/07</i>
1. Article Addressed to: CCCFL, Inc. 124 West Capitol, Suite 250 Little Rock AR 72201-3713	C. Signature <i>Suzie Natus</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) <i>7000 0600 0026 4144 41348</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
PS Form 3811, March 2001	4. Restricted Delivery: (Extra Fee) <input type="checkbox"/> Yes	Express Mail Return Receipt for Merchandise C.O.D.

020577

PSC-02-1230-PAA-TX

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