

ORIGINAL

**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.

1. Article Addressed to: 020625

Lyxom, Inc.  
 Building 5  
 360 Merrimack Street  
 Lawrence MA 01843-1740

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (*Please Print Clearly*)      B. Date of Delivery

C. Signature

X *JML*

- Agent  
 Addressee

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

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      7000 0600 0026 4144 4826  
 (*Transfer from service label*)

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

*PSC-02-1336-PAA-TX.*

AUS \_\_\_\_\_  
 CAF \_\_\_\_\_  
 CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 MMS \_\_\_\_\_  
 SEC   I    
 OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11156 OCT 15 8

FPSC-COMMISSION CLERK