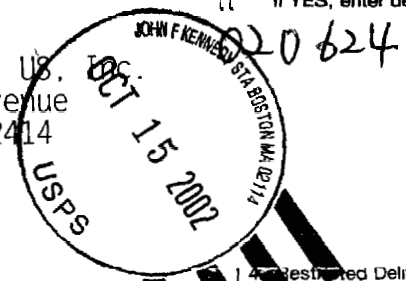


ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	B. Date of Delivery 11/15/02
1. Article Addressed to:	C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below:
PS Form 3811, March 2001	Express Mail Return Receipt for Merchandise C.O.D. <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

US. Post Office
Avenue
02210-2414



70 8 8860 0001 1755 4206

PSC-02-1391-PAA-TX

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC I
- OTH _____

DOCUMENT NUMBER-DATE
 11464 OCT 21 02
 FPSC-COMMISSION CLERK