

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>Gwen Shaw</i>	B. Date of Delivery <i>10-22-02</i>
1. Article Addressed to: <i>02 0600</i>	C. Signature <input checked="" type="checkbox"/> <i>Gwen Shaw</i>	
2. Article Number (Transfer from service label)	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	Service Type <input checked="" 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.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. Restricted Delivery? (Extra Fee)	
	<input type="checkbox"/> Yes	
	7002 0860 0001 1755 4152	

Integrity Telecontent Services Inc.
 250 South President Street
 Baltimore MD 21202-4436

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

PSC-02-1369-PAA-TX

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

DOCUMENT NUMBER DATE
 11712 OCT 25 8
 FPSC-COMMISSION CLERK