

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>[Signature]</i>	B. Date of Delivery 10/25/02
1. Article Addressed to: 020658 CTS Telcom, Inc. Mr. Carl Sonne 9999 Willow Creek Road San Diego CA 92131-1117	C. Signature x <i>Mark Hernandez</i>	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 9775 - Business Park Ave S.D Ca 92131	
PS Form 3811, March 2001	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" 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
	7002 0860 0001 1755 4404	

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

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

PSC-02-1443-PAA-TI

DOCUMENT NUMBER DATE
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