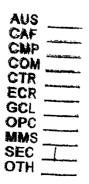
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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery LOCI GUOMAN II 4 6-2 C. Signature X MM GWA Agent Addressee D. Is delivery address different from item 1? Yes
1. Article Addressed to: 020703	
FairPotht Communications Solutions 7 521 East Morehead Street, Suite 250 Charlotte, NC 28202-2695	
1	3. Ѕеријсе Туре
	Certified Mail Express Mail
1	 Registered Return Receipt for Merchandise insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	0860 0001 1755 4763
PS Form 3811, March 2001 Domestic F	Return Receipt 102595-01-M-1424
1	



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