

ORIGINAL

RECEIVED-EPSC

03 NOV -5 AM 10:44

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Received by (Please Print Clearly)	B. Date of Delivery <i>10/30</i>
<p>1. Article Addressed to: <i>030792</i></p> <p>Direct Link Communications, Inc. 2557 Amsterdam Avenue New York NY 10033-2808</p>	<p>C. Signature <i>X Jimmy Fernandez</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>2. Article (Trans) PS Forr</p>	<p>3. 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.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>	
	<p style="text-align: right;">35</p> <hr/> <p style="text-align: right;">32595-01-M-1424</p>	

AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
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DOCUMENT NUMBER-DATE

11009 NOV-58

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