ORIGINAL

- -----

.

....

RECEIVED FPSC 03 NOV - 6 AM II: 10 COMMISSION CLERK

-

. .

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 	A. Received by (Please Print Clearly) B. Date of Delivery
 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. 	C. Signature X M.Bullon □ Agent □ Addressee
1. Article Addressed to: 030758	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
World-Link, Inc. 1 Wall Street Court, 5th Floor New York NY 10005-3302	
	3. Service Type Image: Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Articly (Trans	_
PS Form	02595-01-M-1424

AUS	
CAF	
CMP	-
COM	
CTR	
ECR	
GCL	
OPC	
MMS	
SEC	<u> </u>
OTH	

DOCUMENT NUMBER-DATE