

ORIGINAL

RECEIVED: FPSC

03 NOV 17 AM 10:46

COMMISSION
CLERK

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. 	<table border="1"> <tr> <td data-bbox="812 883 1164 946">A. Received by (Please Print Clearly) <i>Phil Guzzera</i></td> <td data-bbox="1164 883 1341 946">B. Date of Delivery <i>11/13/03</i></td> </tr> <tr> <td colspan="2" data-bbox="812 946 1341 1032">C. Signature <i>[Signature]</i></td> </tr> <tr> <td colspan="2" data-bbox="812 1032 1341 1095">D. Is delivery address different from item 1? If YES, enter delivery address below:</td> </tr> <tr> <td colspan="2" data-bbox="812 1095 1341 1212"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> </tr> </table>	A. Received by (Please Print Clearly) <i>Phil Guzzera</i>	B. Date of Delivery <i>11/13/03</i>	C. Signature <i>[Signature]</i>		D. Is delivery address different from item 1? If YES, enter delivery address below:		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
<p>1. Article Addressed to: 030775</p> <p>R Network 2540 Fortune Way Vista CA 92083-8441</p>	<p>3. Service Type</p> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>								

2. Article Number (Transfer from service label) **7002 0860 0001 1758 6788**

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-14

AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC 1
OTH _____

DOCUMENT NUMBER-DATE
11474 NOV 17 8
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