

ORIGINAL

RECEIVED-FPSC

03 NOV 24 AM 9:33

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery 11/13/03
<p>1. Article Addressed to: 03 0792</p> <p>Direct Link Communications, Inc. 2557 Amsterdam Avenue New York NY 10033-2808</p>	<p>C. Signature X <i>Jimmy Leander</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
2. Article (Trans)	<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>	
PS Form	<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>11 2595-01-M-1424</p>	

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