

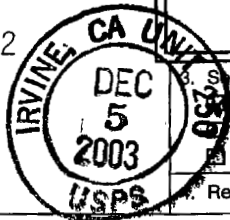
# ORIGINAL

RECEIVED-FPSC

03 DEC -8 AM 10:04

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
1. Article Addressed to: <b>030802</b>  LightDial, Corp. 6 Morgan, Suite 156 Irvine CA 92618-1922	C. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, March 2001	6. 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. 7. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt	7002 0860 0001 1758 6863	
102595-01-M-1424		



AUS \_\_\_\_\_  
CAF \_\_\_\_\_  
CMP \_\_\_\_\_  
COM \_\_\_\_\_  
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ECR \_\_\_\_\_  
GCL \_\_\_\_\_  
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MMS \_\_\_\_\_  
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OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

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