

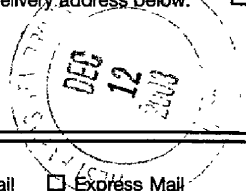
ORIGINAL

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R: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse of this card to the back of the mailpiece, the front if space permits.</p> <p>Addressed to: 030947</p> <p>Watson Avenue, 3rd Floor New York NY 10016</p>	<p>A. Received by (Please Print Clearly)</p>	<p>B. Date of Delivery</p>
	<p>C. Signature</p> <p>X <i>Christine Taylor</i> <input type="checkbox"/></p>	
	<p>D. Is delivery address different from item 1? <input type="checkbox"/></p> <p>If YES, enter delivery address below: <input type="checkbox"/></p>	
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Mail</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/></p>	
<p>Postnet Barcode</p> <p>(transfer from service label)</p>	<p>7002 0860 0001 1758 7020</p>	



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