

ORIGINAL

RECEIVED-FPSC

04 DEC -9 AM 9:55

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) <i>ROSE ROSALES</i>	B. Date of Delivery <i>12/6/04</i>
1. Article Addressed to: <i>040967</i>  CM Tel (USA) LLC Mr. Leonard Xu 700 Wilshire Blvd., 7th Floor Los Angeles CA 90017-3811	C. Signature <input checked="" type="checkbox"/> <i>Rose Rosales</i>	
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	
7002 0860 0001 1758 2285	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

*PAA Order PAA-04-1198-PAA-T2*

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

13008 DEC-9 3

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