

ORIGINAL

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to: 040930

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) HOWARD SPICER B. Date of Delivery 12-6

C. Signature X   Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Power-Finder West Communications, LLC  
250 Gaither Road  
Pithersburg MD 20877-1420

Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
(Transfer from service label)

7002 0860 0001 1758 2346

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP \_\_\_\_\_

CTR \_\_\_\_\_

ECR \_\_\_\_\_

GCL \_\_\_\_\_

OPC \_\_\_\_\_

MMS \_\_\_\_\_

RCA \_\_\_\_\_

SCR \_\_\_\_\_

SEC 1

OTH \_\_\_\_\_

PAA Order Psc-04-198-PAA-T.I

DOCUMENT NUMBER-DATE

13042 DEC 10 2001

FPSC-COMMISSION CLEAR