

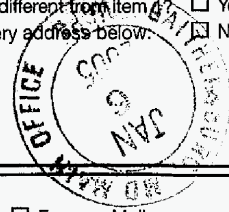
ORIGINAL

RECEIVED-FPSC

05 JAN 10 AM 11:09

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 1-6-09
1. Article Addressed to: 040930	C. Signature X Howard S. <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
Power-Finder West Communications, LLC 9250 Gaither Road Gaithersburg MD 20877-1420	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	7002 0860 0001 1755 7252	Domestic Return Receipt 102595-01-M-1424



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

PSC-04-1277A-CO-TI

DOCUMENT NUMBER-DATE
 00291 JAN 10 09
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