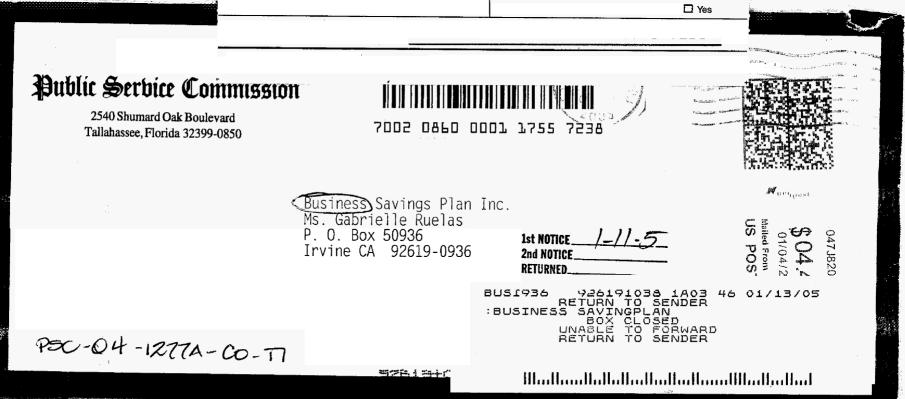
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery
	C. Signature X
1. Article Addressed to: 040916	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No
Business Savings Plan Inc. Ms. Gabrielle Ruelas P. O. Box 50936	
•	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	☐ Yes
•	



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