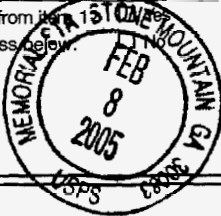


ORIGINAL

RECEIVED FPSC

05 FEB 16 AM 9:30

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. 	<p>A. Received by (Please Print Clearly) <u>Charlene Johnson</u></p> <p>B. Date of Delivery</p>
<p>1. Article Addressed to: <u>041050</u></p>	<p>C. Signature <u>X [Signature]</u></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>Colony 14 Communications, Inc. P. O. Box 831371 Stone Mountain GA 30083-0023</p> <p><u>CO.</u></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> YES</p> <p>If YES, enter delivery address below.</p> 
<p>2. Article Number (Transfer from service label)</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 Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7002 0860 0001 1759 8057</p>	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-0082-CO-TC

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

DOCUMENT NUMBER-DATE

01572 FEB 16 03

FPSC-COMMISSION CLERK