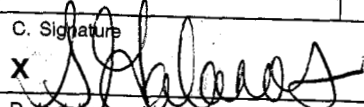
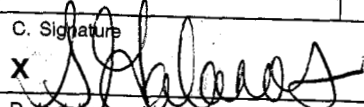
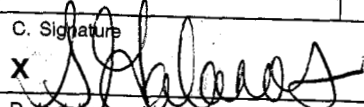


# ORIGINAL

RECEIVED-FPSC  
06 JAN 23 AM 11:07

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>	<table border="1"><tr><td data-bbox="858 685 1201 750">A. Received by (Please Print Clearly)</td><td data-bbox="1201 685 1379 750">B. Date of Delivery</td></tr><tr><td colspan="2" data-bbox="858 750 1379 836">C. Signature </td></tr><tr><td data-bbox="858 836 1243 894">D. Is delivery address different from item 1? If YES, enter delivery address below:</td><td data-bbox="1243 836 1379 894"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></table>	A. Received by (Please Print Clearly)	B. Date of Delivery	C. Signature 		D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No
A. Received by (Please Print Clearly)	B. Date of Delivery						
C. Signature 							
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee <input type="checkbox"/> Yes <input type="checkbox"/> No						
1. Article Addressed to: <p style="text-align: center;">050662</p> <p>Suzanne Galanos 43 Market Street Poughkeepsie NY 12601-3207</p> <p style="text-align: center;">PSL-06-0037-CO-TL</p>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" 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						
2. Article Number (Transfer from service)	7004 1160 0004 5751 1046						

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

00613 JAN 23 g

FPSC-COMMISSION CLERK