

ORIGINAL

RECEIVED-FPSC

08 FEB -2 AM 10:11

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>	A. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	Penny Hollis 1-26-06	
TCS Communication Solutions, LLC 13085 Lewistown Road Queen Anne MD 21657-3104  PSC-06-0051-00-11	C. Signature	<input type="checkbox"/> Agent
2. Article Number	x Jenny Hollis <input type="checkbox"/> Addressee	
(Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes	
PS Form 3811, March 2001	If YES, enter delivery address below: <input type="checkbox"/> No	
	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	
	7004 1160 0004 5751 1398	
	Domestic Return Receipt	
	102595-01-M-1424	

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

DOCUMENT NUMBER-DATE

00987 FEB-28

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