

ORIGINAL

RECEIVED FPSC

06 APR 24 AM 10: 24

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. Article Addressed to: <u>050838</u> Primo Communications, Inc Mr. Benjamin D. Ardelean, P.O. Box 81965 Rochester MI 48308 <u>PSC-06-0320-AS-TI</u>	C. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee X	
2. Article Number <u>7004 1160 0004 5750 9524</u> (Transfer from service to)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes 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 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

Domestic Return Receipt

102595-01-M-1424

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- DTH _____

DOCUMENT NUMBER-DATE

03589 APR 24 08

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