

# ORIGINAL

RECEIVED-FPSC

06 JUL -6 AM 8:34

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>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>KAREN BABIN</i> <i>6-30-06</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;"><i>050965</i></p> <p>Com One 4001 Division Street, Suite B Metairie LA 70002-3205</p> <p><i>RC-06-0534A-FOF-TX</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</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>2. Article Number (Transfer from service label)</p>	<p><i>7004 1160 0004 5751 4139</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CMP \_\_\_\_\_

COM \_\_\_\_\_

CTR \_\_\_\_\_

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DOCUMENT NUMBER-DATE

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