

RECEIVED-FPSC

06 JUL 28 AM 9:31

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. Signature <input checked="" type="checkbox"/> <i>Enca Winous</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article addressed to: <i>060466</i>	B. Received by (Printed Name) <i>Enca Winous</i>	C. Date of Delivery <i>7-24-06</i>
Telliss, LLC 9093 Technology Drive, Suite 100 Fishers IN 46038-3083	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.	
<i>PSC-06-0615-PAA-TI</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7004 1160 0004 5750 9753	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

CMP \_\_\_\_\_  
 COM \_\_\_\_\_  
 CTR \_\_\_\_\_  
 ECR \_\_\_\_\_  
 GCL \_\_\_\_\_  
 OPC \_\_\_\_\_  
 RCA \_\_\_\_\_  
 SCR \_\_\_\_\_  
 SGA \_\_\_\_\_  
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DOCUMENT NUMBER-DATE

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