

ORIGINAL

RECEIVED-FPSC

06 JUL 31 AM 10:52

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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>T. Weakland</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Tammy Weakland 7-21-06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>060466</i></p> <p>ITI Inmate Telephone, Inc. 4200 Industrial Park Drive Altoona PA 16602-1727</p> <p><i>PSC-06-0615 - PAA - TI</i></p> <p>2. Article Number (Transfer from serv.) <i>7004 1160 0004 5751 0162</i></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

DOCUMENT NUMBER-DATE
 06794 JUL 31 8
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