

CMP
COM
CTR
ECR
GCL
OPC
RCA
SCR
SGA
SEC 1
OTH

FPSC-COMMISSION CLERK

07653 AUG 23 8

DOCUMENT NUMBER-DATE

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

2. Article Number (Transfer from service label) 7005 1160 0003 8789 5369

1. Article Addressed to: *060465-72*
 C12, Inc.
 Building 12, Suite 300
 1642 Power Ferry Road
 Marietta, GA 30067-9496

3. Service Type
 Certified Mail
 Express Mail
 Return Receipt for Merchandise
 Registered
 Insured Mail
 C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 1642 Power Ferry Rd
 Marietta, GA 30067

B. Received by (Printed Name) *B. M. Mason*
 C. Date of Delivery *8-21-06*

A. Signature *B. M. Mason*
 Agent
 Addressee

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

- 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.

ORIGINAL

06 AUG 23 AM 9:36

RECEIVED-FPSC

COMMISSION CLERK