

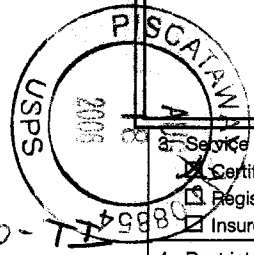
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COMMISSION CLERK

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>060 466-TI</u> Easylink Services USA, Inc. 33 Knightsbridge Road Piscataway, NJ 08854-3925 <u>PSC-06-0701-CO-TI</u>	C. Signature X <u>Adelle Cosmano</u>	
2. Article Number (Transfer from service label)	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	
7005 1160 0003 8789 6465		



- CMP _____
- COM _____
- CTR _____
- ECR _____
- 3CL _____
- DPC _____
- RCA _____
- SCR _____
- BGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

07658 AUG 23 06

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