

ORIGINAL

RECEIVED FPSC

06 AUG 25 AM 10:57

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
<p>1. Article Addressed to: <u>060466-TI</u></p> <p>AmeriVon LLC 800 Southwood Blvd., Suite 212 Incline Village, NV 89451-7475</p> <p><u>PSC-06-0701-00-TI</u></p>	C. Signature <u>X [Signature]</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, enter delivery address below:</p> <p>INCLINE VILLAGE NV AUG 22 2006</p>	
	<p>3. Service Type</p> <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 1160 0003 8789 7141</p>		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

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