

ORIGINAL

RECEIVED-FPSC

06 AUG 28 AM 9:14

COMMISSION
CLERK

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.

1. Article Addressed to: 060462

CommPartners, LLC
3291 North Buffalo Drive, Suite 8
Las Vegas, NV 89121-7437

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 M. Peters Addressee

B. Received by (Printed Name) C. Date of Delivery
M. Peters 8/21/06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

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

4. Restricted Delivery? (Extra Fee) Yes

060462 0003 8784 6007

urn Receipt

102595-02-M-1540

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

DOCUMENT NUMBER-DATE

07873 AUG 28 06

FPSC-COMMISSION CLERK