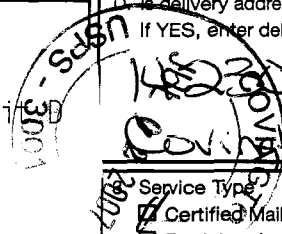


ORIGINAL

070351-TX

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. Signature <i>x Rita Powell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>070351</i>	B. Received by (<i>Printed Name</i>)	C. Date of Delivery
Telrite Corporation 14500 Lochridge Blvd., Unit 500 Covington GA 30014-4941	D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<i>PSC-07-0547-PAA-TX</i>	<i>145230 Lochridge Blvd Covington, Ga 30014 #L</i>	
2. Article Number (<i>Transfer from service label</i>)	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.	
PS Form 3811, February 2004	4. Restricted Delivery? (<i>Extra Fee</i>)	<input type="checkbox"/> Yes
Domestic Return Receipt	7006 0810 0002 3488 1217	



DOCUMENT NUMBER-DATE

05589 JUL-5 05

FPSC-COMMISSION CLERK