

ORIGINAL

070351-TX

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Katherine Thompson</i></p> <p>B. Received by (Printed Name)  <i>Katherine Thompson</i></p> <p>C. Date of Delivery  <i>7/2/07</i></p>
<p>1. Article Addressed to: <i>070351</i></p> <p>Expedient Carrier Services, LLC        810 Parish Street        Pittsburgh PA 15220-3405</p> <p><i>PSC-07-0547-AAA-TX</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number        (Transfer from service label)</p>	<p><i>7006 0810 0002 3488 1002</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

05643 JUL-6 5

FPSC-COMMISSION CLERK