

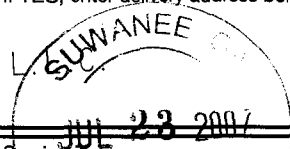
RECEIVED-FPSC

ORIGINAL

07 JUL 25 AM 10:19

COMMISSION  
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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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  <i>[Signature]</i></p> <p>B. Received by (Printed Name) C. Date of Delivery            MARK McCULLOUGH 07/23/07</p>
<p>1. Article Addressed to: 070383-TC</p> <p>Paragon Communication Services, L.            4485 Tench Road, Suite 420            Suwanee GA 30024-6738</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</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 checked="" 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>7005 3110 0002 8806 7000</p>



PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

P.S.C. -07-0589-PAA TC

DOCUMENT NUMBER DATE  
 06328 JUL 25 07  
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