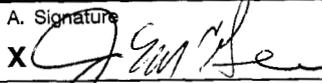


RECEIVED-FPSC  
07 JUL 26 AM 9:57  
COMMISSION  
CLERK

ORIGINAL

070383-TC  
PSC-07-0589-PAA-TC

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>	A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee	
1. Article Addressed to: 070383-TC	B. Received by (Printed Name)	C. Date of Delivery 7-23-07
Com-Tech Systems 3709 Westway Street, Suite A Tyler TX 75703-6465	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7005 3110 0002 8806 6898

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

06383 JUL 26 5

FPSC-COMMISSION CLERK