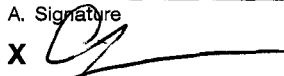


ORIGINAL

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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/>  <input type="checkbox"/> Addressee	
1. Article Addressed to: <u>070351A-TX</u> Pelzer Communications Corporation P. O. Box 8085 Silver Spring MD 20907-8085	B. Received by (Printed Name)	C. Date of Delivery <u>8/6/07</u>
PSC-07-0547A-PAA-TX	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <u>Gus Pslzr</u>	
2. Article Number (Transfer from service label)	J. 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 6607	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

06953 AUG-95

FPSC-COMMISSION CLERK