

RECEIVED-FPSC

07 AUG 24 AM 9:15

COMMISSION  
CLERK

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to: 070438

Access Integrated Networks, Inc.  
Ms. Sharyl D. Fowler  
4885 Riverside Drive, Suite 304  
Macon GA 31210-1147

RSC-07-0666-PAA-TI

2. Article Number  
(Transfer from service label)

7005 3110 0002 8806 5228

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature x Vicki Sarkis  Agent  Addressee

B. Received by (Printed Name) Vicki Sarkis C. Date of Delivery 8-22-05

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

DOCUMENT NUMBER-DATE

07569 AUG 24 5

FPSC-COMMISSION CLERK