

RECEIVED-FPSC

07 AUG 30 PM 12:42

COMMISSION
CLERK

| 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. | <p>A. Signature x <i>Cheri Ann Hubbs</i> <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cheri Ann Hubbs</i> C. Date of Delivery <i>8-6-07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> |
| 1. Article Addressed to: <i>070351A-TX</i> <i>CBB Carrier Services, Inc. 253 Monticello Avenue Norfolk VA 23510-2522</i> | 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. |
| <i>PSR-07-0547A-AAA-TX</i> | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| 2. Article Number (Transfer from service label) | <i>7005 3110 0002 8806 6416</i> |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07835 AUG 30 08

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