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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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	C. Date of Delivery 9-17-2007
1. Article Addressed to: 070425	B. Received by (Printed Name) C. Fallin	
Association Administrators, Inc. Mr. Lance J.M. Steinhart % Telecom Compliance Services, Inc. 1720 Windward Concourse, Suite 250 Alpharetta GA 30005-2293	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSC-07-0738-CD-77	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004	7005 3110 0002 8806 7154 Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER-DATE

08523 SEP 19 06

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