

RECEIVED-FPSC

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COMMISSION  
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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>	<p>A. Signature <i>X: [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) _____ C. Date of Delivery <u>9/17/07</u></p>
1. Article Addressed to: <u>070461</u>  Telrite Corporation Mr. Michael G. Geoffroy/Misty Drake 4113 Monticello Street, S.W. Covington GA 30014-3544	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If YES enter delivery address below:</i>
<u>P3C-07-0738-CD-TI</u>	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.
2. Article Number ( <i>Transfer from service label</i> )	4. Restricted Delivery? ( <i>Extra Fee</i> ) <input type="checkbox"/> Yes <u>7006 2760 0003 8797 5306</u>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE  
08577 SEP 20 05  
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