

RECEIVED-FPSC

07 OCT -8 AM 11:02

COMMISSION  
CLERK

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>	A. Signature <input checked="" type="checkbox"/> <i>B. Watkins</i> <div style="float: right;"> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee         </div>	
1. Article Addressed to: <b>070536</b>	B. Received by (Printed Name) <i>Watkins</i>	C. Date of Delivery <i>10-4-07</i>
Executive Business Centers, Inc. Mr. Brian Winchell Building 2, Suite 200 11330 Lakefield Drive Duluth GA 30097-1582  <b>PSC-07-0802-CO-TS</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	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	
<b>7006 2760 0003 8797 5207</b>		

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09179 OCT-8 8

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