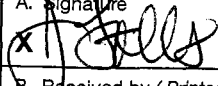


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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <u>070439</u>	B. Received by (Printed Name)	C. Date of Delivery <u>10/7</u>
Freedom Starr Communications, Inc. Mr. Kirk Doffing 8383 Wilshire Blvd., Suite 333 Beverly Hills CA 90211-2415	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>PSC-07-0799-CO-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 (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <u>7006 2760 0003 8797 6051</u>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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