

RECEIVED- FPSC

08 JUN -9 AM 10: 08

COMMISSION

DER: COMPLETE THIS SECTION

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.

Article Addressed to: 090086

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery 6/8/08

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

ATMC, Inc.
9045 Haven Avenue, Suite 106
Rancho Cucamonga CA 91730-5427

Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

PSC-08-0365-CO-TI

2. Article Number
(Transfer from service label)

7006 0810 0000 0167 5391

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

04870 JUN-9 08

FPSC-COMMISSION CLERK