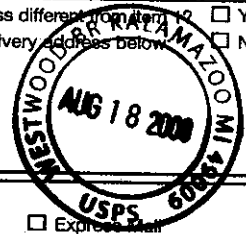


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08 AUG 21 AM 10:08

COMMISSION  
CLERK

SLIDER: 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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee  <i>Frank Feig</i></p>
<p>1. Article Addressed to: <b>080401</b></p> <p>El M...o Connecta          151 S...h Rose, Suite 900          Kalam...zoo MI 49007-4719</p>	<p>B. Received by (Printed Name)  <i>Frank Feig</i></p> <p>C. Date of Delivery</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>D. Is delivery address different from item 1?          If YES, enter delivery address below</p> <p><input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p> 
<p><b>PSC-08-0524-PAA-TI</b></p>	<p>3. Service Type</p> <p><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.</p>
<p>7004 1160 0004 5751 3316</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07530 AUG 21 08

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