

RECEIVED-FPSC

08 AUG 25 PM 1:04

COMMISSION
CLERK

| | | | |
|---|--|---|---|
| <p>■ 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.</p> | | <p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i></p> | |
| <p>1. Article Addressed to: 020346</p> <p>The Dodson Group, Inc. 9100 Keystone Crossing, #750 Indianapolis IN 46240-2161</p> | | <p>B. Received by (Printed Name)</p> | <p>C. Date of Delivery 8-21-08</p> |
| <p>PSC-02-0524-PAA-TL</p> | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>2. Article Number <small>(Transfer from previous label)</small></p> | | <p>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.</p> | |
| <p>7004 1160 0004 5751 2876</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |

Post Office, Albany, NY Domestic Return Receipt 10000-02-00-0000

DOCUMENT NUMBER-DATE

07665 AUG 25 8

FPSC-COMMISSION CLERK