

RECEIVED-FPSC

08 SEP 12 AM 9:43

COMMISSION
CLERK

UNDER: 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 flat if space permits.	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Chanelle M. Scogin</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Chanelle Scogin 9-10-08</i></p>
1. Article Addressed to: <i>0804</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
Dialtone More, Inc. 6784 West Broad Street Douglasville GA 30134-1712	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) <i>PSC-08-0577-CO-TI</i> <i>7006 2760 0003 8797 8826</i>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08518 SEP 12 8

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