

RECEIVED-FPSC

08 SEP 15 AM 10:18

COMMISSION  
CLERK

**SENDER: 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.

1. Article Addressed to:

080398

LN Prepaid  
Mr. Raul Cardenas  
1920 South Main Street, Suite 271  
McAllen TX 78503-5414

**PSC-08-0577-CO-TI**

2. Article Number  
(Transfer from service label)

7006 2760 0003 8797 8734

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X C. Gomez

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

9/11/08

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

- Yes  
 No

3. Service Type

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

4. Restricted Delivery? (Extra Fee)

- Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08614 SEP 15 8

FPSC-COMMISSION CLERK