

RECEIVED-FPSC

08 SEP 23 AM 11:53

COMMISSION
CLERK

COMPLETE THE FRONT SIDE OF DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Addressess</p> <p>X <i>[Signature]</i></p>
	<p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>ANA HINDEN</i> <i>9/16</i></p>
<p>1. Article Addressed to: <i>080224</i></p> <p>Network PTS, Inc. 379 Diablo Road, Suite 212 Danville CA 94526-3431</p>	<p>D. Is delivery address different from item B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>2. Article Number (Number/Postnet/Barcode)</p> <p><i>7006 2760 0003 8797 8864</i></p>	<p>3. Service Type <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>3. Article Number</p> <p><i>7006 2760 0003 8797 8864</i></p>	<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

PS Form 3871, February 2004 Domestic Return Receipt 102595-02-11-1540

DOCUMENT NUMBER-DATE

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