

RECEIVED-FPSC

09 MAY 21 AM 9: 58

COMMISSION
CLERK

090240-TC

SENDER: 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 front if space permits. 	<p>A. Signature <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i></p> <p>C. Date MAY 18 2009</p>
<p>1. Article Addressed to: <u>090240</u></p> <p>TCG Ms. Susan Duggan % Thomson/TCS, Inc. 3100 Cumberland Blvd., Suite 900 Atlanta GA 30339-5930</p>	<p>D. Is delivery address different from item B? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</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>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0810 0002 3487 6312</p>	

PSC-09-0335 PAA-TC

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER DATE

05030 MAY 21 09

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