
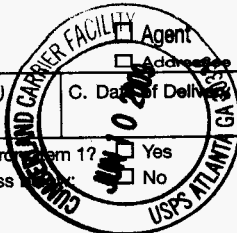


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090240-TC

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature </p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery </p>
<p>1. Article Addressed to:</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 1? <input type="checkbox"/> Yes If YES, enter delivery address: <input type="checkbox"/> No</p>
<p>PSL-09-0406-10-TC      090240-TC</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 7241</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt      102595-02-M-1540</p>

DOCUMENT NUMBER-DATE  
05887 JUN 12 8  
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