

RECEIVED-FPSC

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100196-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>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Cheng S. Zhou</i> Date of Delivery <i>5/29/10</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">CLS Billing Services Inc. 11055 90th Terrace, North Seminole FL 33772-3713</p>	<p>D. Is delivery address different from item? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If YES, enter delivery address below.)</p> <p style="text-align: center;">U.S. MAIL JUN 10 2010</p>
<p><i>100196-TC PSC-10-D334-FOF-TC</i></p> <p>2. Article Number (Transfer from service label) 7006 2760 0003 8795 1959</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102505-02-M-1540</p>	

DOCUMENT NUMBER-DATE

04528 JUN-10

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