

RECEIVED FPSC

10 JUN 21 AM 8:46

COMMISSION  
CLERK

100199-TX

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  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            T. H. ...</p> <p>C. Date of Delivery            6-17-10</p>	
<p>1. Article Addressed to: <u>PS2-10-0370-LO-TX</u></p> <p>Global NAPS, Inc.            10 Merrynount Road            Quincy MA 02169-2224</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</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>2. Article Number            (Transfer from service label)</p>	<p><u>04740-10</u></p> <p>7006 2760 0003 8796 8629</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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05122 JUN 21  
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