

110122-TX

RECEIVED-FPSC

11 JUN 20 AM 10:53

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<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 <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p>	
<p>1. Article Addressed to:</p> <p>Pelzer Communications Corporation 3106 Saint Florence Terrace Olney, MD 20832-1619</p>		<p>B. Received by (Printed Name) Bonita B. Bailey</p> <p>C. Date of Delivery 6/15/11</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 3410 0002 4112 5641</p>		<p>D. Is delivery address different from item 1? If YES, enter delivery address below.</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

DOCUMENT NUMBER-DATE

04197 JUN 20 =

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