

RECEIVED-FPSC

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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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Donita Baile</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery <i>Donita Baile</i></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>1. Article Addressed to:</p> <p>Pelzer Communications Corporation 3106 Saint Florence Terrace Olney, MD 20832-1619</p>	<p>3. Service Type</p> <p><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><i>DW</i> 110148-T1 PSC-11-0260-PAA-T1</p>	<p>7009 3410 0002 4112 5979</p>
<p>2. Article Number (Transfer from service label)</p>	<p>102595-02-M-1600</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt</p>	

DOCUMENT NUMBER-DATE

04403 JUN 27=

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