

RECEIVED-FPSC

11 JUL 26 PM 2: 33

COMMISSION  
CLERK

110174-TI

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"/> <i>Syeda</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>
<p>1. Article</p> <p>New Youth Phone Inc.  1519 Glover Street  Bronx NY 10462-4929</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>2. Article Number  <i>PSC-11-0299-00-TI 110174</i>  (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  if YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><i>SYEDA</i></p>
<p>PS Form 3811, February 2004</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>7009 3410 0002 4112 6396</p> <p>Domestic Return Receipt 102595-02-44-1540</p>

DOCUMENT NUMBER-DATE  
05179 JUL 26 =  
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