


RECEIVED-FPSC

11 AUG 26 AM 10: 07

COMMISSION
CLERK

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 checked="" type="checkbox"/>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: 110084-TX DN 02015-11</p>	<p>B. Received by (Printed Name) SHEILA THOMAS C. Date of Delivery 8-22-11</p>	
<p>FRANK W WOOD DIRECTOR AIREWIRE - GOVERNMENT AFFAIRS 4279 ROSWELL RD STE 102-242 ATLANTA GA 30342-3700</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7009 3410 0002 4112 6785</p>		
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt.</p>	<p>102595-02-M-1540</p>

DOCUMENT NUMBER-DATE

06145 AUG 26 =

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