

RECEIVED -FPSC

11 AUG 29 AM 8:30

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>D. Schneider</i></p>
<p>1. Article Addressed to: <i>undocketed</i> <i>DNS 03364-09; 04210-09</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery <i>D. Schneider</i></p>
<p>MEGHAN RUWET MANAGER THE COMPLIANCE GROUP 1420 SPRING HILL RD STE 205 MCLEAN VA 22102</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>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.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>7009 3410 0002 4112 6815</p> <p>Domestic Return Receipt 102595-02-M-1000</p>

DOCUMENT NUMBER - DATE

06201 AUG 29 =

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