

RECEIVED-FPSC

11 SEP -6 AM 8:38

COMMISSION
CLERK

| 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"/> Agent <i>Donna Cendon</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Donna Cendon</i> C. Date of Delivery <i>9-11</i></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> |
| 1. Article Addressed to: East Marion Sanitary System, Inc. Herbert Hein G 4225 Miller Road, Suite 190 Flint, Michigan 48507 | 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. |
| 2. Article Number (Transfer from service label) | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <i>mas</i> <i>Notice of Status Conference 080562-44</i> 7009 3410 0002 4112 7171 |
| PS Form 3811, February 2004 | Domestic Return Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

06373 SEP -6 =

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