

RECEIVED-FPSC

12 FEB -6 AM 10: 57

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"/> <i>Rondi Alkes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: 110242-TX DN 05602-11</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>ANDREW O ISAR MILLER ISAR INC STE 306 4423 POINT FOSDICK DR NW GIG HARBOR WA 98335</p> </div>	<p>B. Received by (<i>Printed Name</i>) RONDI ALKES C. Date of Delivery</p>
<p>2. Article Number <i>(Transfer from service label)</i></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>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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>7009 3410 0002 4112 7058</p>	
<p>Domestic Return Receipt 102595-02-M-1540</p>	



DOCUMENT NUMBER-DATE

00716 FEB-6 04

FPSC-COMMISSION CLERK