


RECEIVED-FPSC

12 APR 30 AM 9:12

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.	A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee
1. Article Addressed to: 120016-TX 00324-12	B. Received by (Printed Name) C. Date of Delivery 4/27
LEAH BARTON ESQUIRE 382 COMMUNICATIONS 6 TH FLOOR 400 CROWN COLONY DR QUINCY MA 02169	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7009 3410 0002 4112 8291	
Domestic Return Receipt 102595-02-M-1540	

DOCUMENT NUMBER-DATE

02702 APR 30 02

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