

RECEIVED-FPSC

12 AUG 22 PM 3:23

COMMISSION  
CLERK

<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>JLR Communications, Inc.          Jack L. Ray          7715 Crittenden Street, #355          Philadelphia, PA 19118</p> <p>Dkt. 120133-TC          PSC-12-0408-CD-TC</p>		<p>B. Received by (Printed Name) C. Date of Delivery</p> <p>K. Manwillo-Thone 8/11/02</p>	
<p>2. Article Number          (Transfer from service label)</p> <p>7010 0780 0002 2867 9335</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>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type</p> <p><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>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

DOCUMENT NUMBER-DATE

05768 AUG 22 02

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