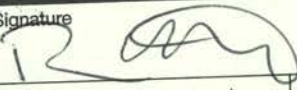


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
1. Article Addressed to: 150132-TX PSC-15-0115-PA1-TX		B. Received by (Printed Name) C. Date of Delivery Robin Danick 5-22-15	
US Telesis, Inc. P. O. Box 8402 Calabasas CA 91372-8402		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Transfer from service label) 7011 3500 0001 5977 6437		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	

RECEIVED FPSC  
15 MAY 27 AM 9:06  
COMMISSION  
CLERK

102595-02-M-1540