

ORIGINAL

RECEIVED-FPSC

JUL 28 PM 1:55

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 <i>x Bill Arruda</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Bill Arruda</i></p>
<p>1. Article Addressed to: <i>060462</i></p> <p>Mr. Cameron Nance Trans National Communications International, Inc. 2 Charlesgate West Boston, MA 02215-3540</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>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? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><i>PSC-06-0611-PAA-TX</i></p> <p>2. Article Number (Transfer from service label)</p>	<p><i>7004 1160 0004 5751 2661</i></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

06726 JUL 28 08

FPSC-COMMISSION CLERK