

ORIGINAL

070351-TX
PSC-07-0547A-PAA-TX

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: 070351A-TX

Access Integrated Networks, Inc.
Ms. Sharyl D. Fowler
4885 Riverside Drive, Suite 304
Macon GA 31210-1147

PSC-07-0547A-PAA-TX

2. Article Number
(Transfer from service label)

7005 3110 0002 8806 7413

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
[Signature] Addressee

B. Received by (Printed Name) Victoria Salk C. Date of Delivery 8/07

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

06856 AUG-08

FPSC-COMMISSION CLERK