

RECEIVED FPSC

08 JUL 24 AM 10:55

COMMISSION  
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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>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>R. DeSanto</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>R. DELSANTO</i> <i>7.21.08</i></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>
1. Article Addressed to: <i>080212</i>	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.
TeleVend, Inc. 377 Wilbur Avenue, Suite 178 Swansea MA 02777-2426	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
<i>PSC-08-0407-PAA-TC</i>	2. Article Number <i>7006 2760 0003 8797 6730</i> (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

06431 JUL 24 08

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