

RECEIVED-FPSC

09 APR 13 AM 9:43

COMMISSION
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090051-TI

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 <input checked="" type="checkbox"/> <i>Bob Marro</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p>	<p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>4/13</i></p>
<p>TeleManagement Systems, Inc. Mr. Bob Marro 12150 East Briarwood Avenue, #112 Centennial CO 80112-6701</p> <p>090051-TI PSC-09-0205-PAA-TI</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>2. Article Number (Transfer from service label)</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>7006 0810 0002 3488 1873</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-0000-1540

DOCUMENT NUMBER-DATE

03252 APR 13 8

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