

RECEIVED-FPSC
 09 MAY 11 AM 9:58
 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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to: <p style="text-align: center;">CVT Prepaid Solutions, Inc. 40 Cutter Mill Road, Suite 500 Great Neck NY 11021</p>	B. Received by (Printed Name) C. Date of Delivery <p style="text-align: center;">GILKANE</p>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	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.
PSC-09-0297-PAA-T1 047165-09 090112-T1	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102596-02-M-1540

006 0810 0002 3487 5865

DOCUMENT NUMBER-DATE

04497 MAY 11 8

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