RECEIVED-FPSC 09 JUN-4 AM 9: 43 COMMISSION CLERK

090298-TI

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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>	A. Signature  A. Signature  A. Signature  A. Signature  Agent  PAddressee  B. Received by (Printed Name)  C. Date of Delivery  AUTOLOGY  L1-69
Article Addressed to:	Is delivery address different from item 1?  If YES, enter delivery address below:  No
iBasis 20 Second Avenue	
Burlington MA 01803-4408	Service Type     Certified Mail
	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
P5C-09-0364-PAR-TI 090298-TI	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 700L 08L0 0002 3487 L70L	
PS Form 3811, February 2004. Domestic Retu	rn Receipt 102595-02-M-1540

COCUMENT NUMBER-DATE

FPSC-COMMISSION CLERK