

100375-T P

RECEIVED-FPSC

11 AUG 25 AM 9:04

COMMISSION
CLERK

<p>COMPLETE THIS SECTION</p> <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>COMPLETE THIS SECTION</p>	
<p>1. Article Addressed to:</p> <p>PN 08613-10 100375 T-P Stanley Smith W h Winter 190 E CAPITOL ST JC MS 39201</p>		<p>A. Signature</p> <p>X Roy Greenfield <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name)</p> <p>Roy Greenfield</p>	<p>C. Date of Delivery</p> <p>8/22/11</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>3. Service Type</p> <p><input 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>2. Article Number (Transfer from service label)</p> <p>7009 3410 0002 4112 6631</p>			
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102596-02-M-1540</p>	

DOCUMENT NUMBER DATE
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