## ORIGINAL 070351-TK

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 the distribution of the source permission.</li> </ul>		A. Signature X 1 La Racell Agent B. Received by (Printed Name) C. Date of Delivery 8 16 07
or on the front if space permits.	-TX	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
Telrite Corporation 14500 Lochridge Blvd., Un Covington GA 30014-4941	it D*	2007 9 0 9NV
0	- ,	3. Service Type Certified Mail C Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
18C-07-0547A-DAA-T	$\checkmark$	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label)	7005	3770 0005 8806 6656
PS Form 3811, February 2004	Domestic Ret	turn Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

06944 AUG-95

**FPSC-COMMISSION CLERK**