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08 SEP 15 AM 10: 18

COMMISSION CLERK

PSC-08-0577-C0-TI 2. Article Number 7006 276 (Transfer from service label)	3. Service Type Certified Mall Registered Insured Mall C.O.D. 4. Restricted Delivery? (Extra Fee) COUNTY A 505
PSC-08-0577-C0-TI	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	Certified Mall
	
United Telemanagement Systems, Inc 6450 Poe Avenue, Suite 401 Dayton OH 45414-2647	
1. Article Addressed to: 680361	D. is delivery address different from item 1?
m 4 if Restricted Delivery is desired. Frint 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 X Charle Baker Agent Addressee B. Received by (Printed Name) C. Date of Delivery
omplete items 1, 2, and 3. Also complete	II a Cimpating

DOCUMENT NUMBER-DATE

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