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<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 <i>Joan Morin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Cost Plus Communications, LLC Mr. Patrick D. Crocker % National Regulatory Compliance, LLC 107 East Michigan Avenue, 4th Floor Kalamazoo MI 49007-3907 <i>PSL-09-0202-PAA-TP</i>	B. Received by (Printed Name) <i>Joan Morin</i>	C. Date of Delivery <i>6 Apr 09</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PS Form 3811, February 2004	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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