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	SENDER: COMPLETE THIS SECTION									COMPLETE THIS SECTION ON DELIVERY									
	 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 X Agent Addressee B. Received by (Printed National Control Delivery									
Article Addressed to:										D. Is delivery address different from Item 1? If YES, enter delivery address below: No									
Clear World Communications Corporation Sharon Levey Admin Assist																			
3501 S Harbor Blvd, Ste 200 Santa Ana CA 92704											3. Service Type Certifled Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.								
2. Article Number (Transfer from service lebel) 7010 5											4. Restricted Delivery? (Extra Fee)								
			(Trans	fer from	service lab	<u> </u>	: 		780 0001 9375 0194										
			PS Forn	n 381 1	, Februar	2004		tic Retur	n Receij	pt				102	2595-02-M-	1540			
PS Form 3811, February 2004 Domestic Return Receipt	2. Article Number 7010 (Transfer from service label)		James Mancuso Sec 3501 S Harbor Blvd, Ste 200 Santa Ana CA 92704		1. Article Addressed to:	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.	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	SENDER: COMPLETE THIS SECTION	2004	2. Article Number (Transfer from service label) 7010 2780		J-DOCKETING GIVOO	335 Madison Ave, 26th FI Wd LZ AVH 5	Trademark Merchant Energy LEC O C	1. Article Addressed to:	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.	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	SENDER: COMPLETE THIS SECTION	
turn Receipt 102595-02-M-1540	2780 0001 9375 0200	4. Restricted Delivery? (Extra Fee)	3. Service Type Certified Mail Express Mail Registered Return ReSeipt for Merchandise	I С 1 в	If YES, enter delivery address below:	Received by (Printed Name) C. D. THS THS Is Addison address different from (17)	A. Signature A. D. Agent Addressee	COMPLETE THIS SECTION ON DELIVERY	um Receipt 102595-02-M-1540	0001 9375 4796	3	Certified Mail	A7 Service Type	The state of the s		B. Received by Aprinted Name) G. Date of Delivery G. Jackston address: Africant from Item 17 12 Yes	A Signature A Signature A Grant Addressee	COMPLETE THIS SECTION ON DELIVERY	

This is to certify that the images appearing are an accurate and complete reproduction of a case file document delivered in the regular course of business.

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