

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:	Martha Beckel	9-18-2
IPVoice Communications, Inc. 7585 East Redfield Road, Suite 202 Scottsdale AZ 85260-3403	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	D. Is delivery address different from item 1? address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	020596	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	Domestic Return Receipt	102595-01-M-1424

- AUS _____
- CAF _____
- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC /
- OTH _____

DOCUMENT NUMBER - DATE
 10208 SEP 24 2008
 FPSC-COMMIS SIGN CLERK