

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery <u>Lisa Hargraves</u> <u>10/28/02</u></p> <p>C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <u>X</u> <u>[Signature]</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>020720</u></p>	
<p>IPVoice Communications, Inc. 7585 East Redfield Road, Suite 202 Scottsdale AZ 85260-3403</p>	<p>Service Type <input 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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><u>7002 0860 0001 1755 4558</u></p>
<p>PS Form 3811, March 2001</p>	<p>Domestic Return Receipt 102595-01-M-1424</p>

PSC-02-1444-PA A-TI

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

DOCUMENT NUMBER-DATE
12094 NOV-4 08
 FPSC-COMMISSION CLERK