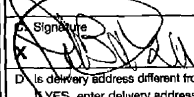


ORIGINAL

RECEIVED FPSC

03 OCT 15 AM 9:55

COMMISSION  
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits</li> </ul>	A. Receiver by (Please Print Clearly)	B. Date of Delivery
	A. Signature 	<input type="checkbox"/> Agent
1 Article Addressed to <b>030622</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
Sun-Tel USA, Inc. 10169 Foxcroft Road, West Jacksonville FL 32257-5963	3 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.	
2 Article Number (Transfer from service label)	4 Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7002 0860 0001 1755 6910	

PS Form 3811, March 2001

Domestic Return Receipt

102966-01-M-1424

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

DOCUMENT NUMBER-DATE

10041 OCT 15 8

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