

ORIGINAL

RECEIVED-FPSC

03 NOV -5 AM 10:44

COMMISSION
CLERK

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 <i>(Please Print Clearly)</i>	B. Date of Delivery <i>11-3</i>
<p>1. Article Addressed to: <i>030824</i></p> <p>Voice Connections, Inc. 1100 5th Avenue South, Suite 410 Naples FL 34102-6419</p>	C. Signature <i>X S. Olu</i>	
<p>2. Article Number <i>(Transfer from service label)</i></p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p>PS Form 3811, March 2001</p>	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. 4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	
<p>Domestic Return Receipt</p>	<p>7002 0860 0001 1758 6665</p>	
<p>102595-01-M-1424</p>	<p>102595-01-M-1424</p>	

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