

ORIGINAL

RECEIVED-FPSC

03 NOV 21 AM 10:36

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to: **030824**

Voice Connections, Inc.
1100 5th Avenue South, Suite 410
Naples FL 34102-6419

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) B. Date of Delivery
11/17
- C. Signature Agent
[Signature] Addressee
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7002 0860 0001 1758 6924

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

11806 NOV 21 8

FPSC-COMMISSION CLERK