

ORIGINAL

RECEIVED-FPSC

04 DEC -8 AM 10:46

COMMISSION  
CLERK

**SENDER: COMPLETE THIS SECTION** | **COMPLETE THIS SECTION ON DELIVERY**

- 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: 040965

A. Received by (Please Print Clearly) WLP B. Date of Delivery 12/6/14

C. Signature B. A. Waver  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Via One Technologies, Inc.  
201 South Biscayne Blvd., Suite 2807  
Miami FL 33131-4332

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 2292

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PAA Order PSC-04-1198-PAA-TI

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

12986 DEC-8 8

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