


ORIGINAL

RECEIVED-FPSC

06 JAN -3 AM 10:11

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 (Please Print Clearly) VICTOR GRAHAM	B. Date of Delivery
1. Article Addressed to: PSC-05-1258 050714 Global Dialtone, Inc. P. O. Box 7912 Port St. Lucie FL 34985-7912 PAA	C. Signature X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? If YES, enter delivery address below. <div style="text-align: center;">  </div>	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail	<input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7004 1160 0004 5751 0292		

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-1258-PAA-TI

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

00017 JAN-3 8

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