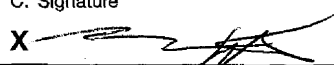


ORIGINAL

RECEIVED: FPSC

05 JAN 18 AM 9:30

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) <u>W HUTTON</u>	B. Date of Delivery <u>1/11/06</u>
1. Article Addressed to: <u>050613</u> Airface Communications Inc. 123 N. W. 13th Street, #214-12 Boca Raton FL 33431-1643 <u>PSC-06-0013-CO-V</u>	C. Signature <u>X</u> 	
2. Article Number (Transfer from service) <u>7004 1160 0004 5751 0834</u>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE

00434 JAN 18 06

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