

ORIGINAL

**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: 060466

GRT Teleco  
18520 N.W. 67th Avenue, Suite 246  
Miami FL 33015-3302

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Fabela Fotte  Addressee

B. Received by (Printed Name) Fabela Fotte C. Date of Delivery 7/22/06

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 7005 1160 0003 8789 5048  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

DOCUMENT NUMBER-DATE

06482 JUL 24 06

FPSC-COMMISSION CLERK