

**ORIGINAL**  
RECEIVED-FPSC

06 JUL 27 PM 12:39

COMMISSION  
CLERK

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY   |                             |
|--|---|-----------------------------|
| <ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul> | A. Received by (Please Print Clearly)   | B. Date of Delivery<br>7-27 |
| 1. Article Addressed to: 060470  | C. Signature<br>X <i>M. A. DAVIS</i>  |                             |
| ISN Telcom<br>1035 N.E. 125th Street, Suite 200<br>North Miami FL 33161-5840   | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |                             |
| PSC-06-0619-PAA-TI   | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |                             |
| 2. Article Number<br>(Transfer from service label)   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes<br>7004 1160 0004 5751 2258  |                             |

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

DOCUMENT NUMBER-DATE

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