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06 AUG 21 AM 11: 16

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. 	A. Signature X Plant Agent Addressee B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1? Yes
1. Article Addressed to: 000462	If YES, enter delivery address below: ☐ No
Alpha Telecom, LLC 1221 West Flagler Street	
Miami, FL 3315 2419	3. Service Type Certified Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
PSC-06-0705-LO-TX	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7 🛮 🗘 5 (Transfer from service label)	1160 0003 8789 5765
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

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CTR	-
SCR	
SGA _	
SEC _	1_
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DOCUMENT NUMBER-DATE

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