

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:17

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>Robert Miller</u> B. Date of Delivery _____
1. Article Addressed to: <u>060466-TI</u> INVOIP LLC #165 Miramar Commons 11020 Pembroke Road Miramar, FL 33025-1704	C. Signature <u>Robert Miller</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input 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

PSC-06-0701-CO-TI

7005 1160 0003 8789 7042

- CMP _____
- COM _____
- CTR _____
- ECR _____
- SCL _____
- DPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1 _____
- OTH _____

DOCUMENT NUMBER-DATE

07528 AUG 21 8

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