

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. Signature <input checked="" type="checkbox"/> Addressee <i>[Signature]</i> | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 1. Article Address to: 060467-TX Azul Tel, Inc. 2200 South Dixie Highway, Suite 506 Miami, FL 33133-2300 | B. Received by (Printed Name) | C. Date of Delivery 8-17-06 |
| 2. Article Number <i>(Transfer from service label)</i> PSC-06-0693-CO-TX | 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 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 | |
| | 7004 1160 0004 5751 4269 | |

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

07548 AUG 21 06

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