

ORIGINAL

RECEIVED-FPSC

06 AUG 23 AM 9:36

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <u>060467-TX</u></p> <p>Talk and Pay, Inc. 7950 South Military Trail, Suite 204 Lake Worth, FL 33467-8162</p>	<p>B. Received by (Printed Name) <u>Elise White</u> C. Date of Delivery <u>8/17/06</u></p>
<p><u>PSC-06-0693-00-TX</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7004 1160 0004 5751 4252</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

MP _____
OM _____
TR _____
CR _____
CL _____
PC _____
CA _____
DR _____
BA _____
EC 1
FH _____

DOCUMENT NUMBER-CATE

07661 AUG 23 06

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