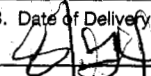



# ORIGINAL

RECEIVED FPSC

06 SEP -1 AM 9:41

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 
1. Article Addressed to: <u>060466-TI</u>  Media & Telecom Ventures 1213 Lake Avenue, Suite 101 Lake Worth, FL 33460-3603	C. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
PSC-06-0701-00-TI	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.
PS Form 3811, March 2001	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  7005 1160 0003 8789 7165 Domestic Return Receipt 102595-01-M-1424

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

DOCUMENT NUMBER-DATE

08013 SEP-1 08

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