

ORIGINAL

070351-TX

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>1. Article Addressed to: <u>070351</u></p> <p>DialEZ Inc. 610 Sycamore Street, Suite 120 Celebration FL 34747-4988</p> <p><u>PSC-07-0547-PAA-TX</u></p>	<p>A. Signature <input checked="" type="checkbox"/> <u>Jim Conte</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>J Conte</u> C. Date of Delivery <u>7/2/07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</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>2. Article Number (Transfer from service label)</p>	<p><u>7006 0810 0002 3488 0982</u></p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02 M-1540

DOCUMENT NUMBER-DATE

05585 JUL-5 07

FPSC-COMMISSIONCLERK