

ORIGINAL

070351-TX

| 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> | <p>A. Signature <input checked="" type="checkbox"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Paulina Hunter</u> C. Date of Delivery <u>7/2/07</u></p>                                                                                                                                                                                                                                                                                                                  |
| <p>1. Article Addressed to: <u>070351</u></p> <p>Hotwire Communications, Ltd.<br/>3870 Pembroke Road<br/>Hollywood FL 33021-8108</p> <p><u>PSC-07-0547-PAA-TX</u></p> <p>2. Article Number <u>7006 0810 0002 3488 1057</u><br/>(Transfer from service label)</p>                                                       | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>if YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type<br/><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE  
05651 JUL-06  
FPSC-COMMISSION CLERK