

RECEIVED-FPSC

08 AUG 21 AM 10: 07

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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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Karen Mezzo</i></p> <p>B. Received by (Printed Name) <i>Karen Mezzo</i></p> <p>C. Date of Delivery <i>8/18/08</i></p>
<p>1. Article Addressed to: <i>080385</i></p> <p>ZinTel P. O. Box 542 Central Square NY 13036-0542</p> <p><i>PSC-08-0524 PAA-TI</i></p>	<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below.</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><i>7004 1160 0004 5751 3194</i></p>

DOCUMENT NUMBER-DATE

07527 AUG 21 8

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