

RECEIVED-FPSC

08 SEP -8 PM 12: 08

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>1. Article Addressed to: 080488</p> <p>Vistavox of FL, Inc. Mr. Michael Denenberg 5239 Braesvalley Drive Houston TX 77096-2548</p> <p>PSC-08-0562-PAA-TX</p>	<p>A. Signature <i>[Handwritten Signature]</i></p>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (transfer from service label) 7006 2760 0003 8797 8000</p>	<p>B. Received by (Printed Name) <i>MR MICHAEL DENENBERG</i></p>	<p>C. Date of Delivery <i>9/2/08</i></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>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>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE
08290 SEP-8 8
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