

RECEIVED-FPSC

08 SEP 29 AM 9:51

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.	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 080454 Astrocom Corporation 10850 N.W. 21st Street, Suite 170 Miami FL 33172-2063 PSC-08-0617-CO-TX	B. Received by (Printed Name) Carly Corstone	C. Date of Delivery 9/26/08
2. Article Number	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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.	
7006 2760 0003 8797 9038	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

102595-02-M-1540

DOCUMENT NUMBER-DATE
09109 SEP 29 08
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