

RECEIVED-FPSC

08 OCT -1 AM 10:13

COMMISSION
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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 Dennenberg 5239 Braesvalley Drive Houston TX 77096-2548</p> <p>PSC-08-0617-CO-TX</p>	<p>A. Signature <input checked="" type="checkbox"/> <i>Nicholas</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Nicholas Dennenberg</i> <i>10/27</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>
2. Article Number (Transfer from service label)	7006 2760 0003 8797 9267

PS Form 3811, February 2004

Domestic Return Receipt

102595-02A

DOCUMENT NUMBER-DATE

09250 OCT-1 8

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