

RECEIVED--FPSC

08 OCT -6 AM 9:09

COMMISSION  
CLERK

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>	A. Signature <i>[Handwritten Signature]</i>	
1. Article Addressed to: <b>080459</b>  Super-Tel.Com, Inc. 16500 N.W. 7th Avenue, Suite 303 Miami FL 33169-5811  <b>PSC-08-0634-CO-TX</b>	B. Received by (Printed Name) <b>NAN YOUNG</b>	C. Date of Delivery <b>10/02/08</b>
2. Article Number (Transfer from service label)	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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	<b>7006 2760 0003 8797 9489</b>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09396 OCT-6 8

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