


RECEIVED-FPSC

08 OCT -9 AM 9:29

COMMISSION  
CLERK

080457-TX

RECIPIENT: 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</p> <p>B. Received by (Printed Name) <u>6115011016-RECIB</u> C. Date of Delivery</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>1. Article Addressed to: <u>080457</u></p> <p>DSL<i>i</i>          Mr. Eduardo E. Maldonado, MBA          5000 S.W. 75th Avenue, 3rd Floor          Miami FL 33155-4468</p>	<p>3. Service Type</p> <p><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>2. Article Number          (Transfer from service label) <u>PSC-08-0634-CO-TX</u>  <u>7006 2760 0003 8797 9441</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

DOCUMENT NUMBER-DATE  
09529 OCT-9 8  
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