

RECEIVED--FPSC

09 AUG 27 AM 8:51

COMMISSION  
CLERK

090357-TI

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

Telecarrier Services, Inc.  
400 Oser Avenue, Suite 1650  
Hauppauge, NY 11788-3669

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 J. CHATPAR 8/24/09

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

090357.TI PSC 09-0566 PAA.TI

2. Article Number  
 (Transfer from service label)

7006 2760 0003 8795 2079

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

8887 AUG 27 8

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