

RECEIVED-FPSC

10 JUN 10 AM 9:25

COMMISSION
CLERK

100235-TI

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>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X M. Man</i></p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Mark Man</i></p>
<p>1. Article Addressed to: <i>PSC-10-6349-PAA-TI</i></p> <p>National Tel P. O. Box 11675 Ft. Lauderdale FL 33339-1675</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 style="text-align: center;"></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>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center;">7006 2760 0003 8796 8193</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENTS SECTION

4800 JUN 10 e

FPSC-012-10001001E