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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
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| <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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) FRANNA</p> <p>C. Date of Delivery 6-7-12</p> |
| 1. Article Addressed to: LifeConnex Telecom, LLC Ms. Michelle Studstill 6905 North Wickham Road, Suite 403 Melbourne, FL 32940-7553 | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No |
| PSC-12-D244-PAA-TX Docket # 120111-TX | 3. Service Type <input 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. |
| 2. Article Number (Transfer from service label) | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes |
| PS Form 3811, February 2004 | 7009 3410 0002 4112 7591 Domestic Return Receipt 102595-02-M-1540 |

DOCUMENT NUMBER-DATE

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