

## 12 JUN 20 AM 9: 28

## COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>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> <li>1. Ar</li> <li>Legacy Global Telecom 107 Cavalier Drive Pensacola FL 32507-2101</li> </ul>	A. Signature A. Signature Agent Addressee B. Received by ( <i>Printed Name</i> ) C. Date of Delivery C. Date of Del
	3. Service Type         Service Type         Service Type         Registered         Registered         Insured Mail         C.O.D.
:-12-0307- CO-TX 12089	4. Restricted Delivery? (Extra Fee)
ticle Number	3410 0002 4112 7737
m 3811, February 2004 Domestic F	Return Receipt 102595-02-M-1540

PECLIMENT NUMPER - DATT 04032 JUN 202 FPSC-COMMISSION CLERK