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<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>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  LifeConnex Telecom, LLC Ms. Michelle Studstill 6905 North Wickham Road, Suite 403 Melbourne FL 32940-7553	B. Received by (Printed Name) FARRER	C. Date of Delivery
2. Article Number (Transfer from service label) 120111-TX PSC-12-0324-10-TX	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="border: 1px solid red; border-radius: 50%; width: 100px; height: 100px; text-align: center; margin: 0 auto; color: red;">             JUL 12 2006              BCIRN 7 1290           </div>	
PS Form 3811, February 2004	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.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
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