

ORIGINAL

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<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. Received by (Please Print Clearly)	B. Date of Delivery
1. Article Addressed to:  Tel Call Communication Inc. 7226 West Colonial Drive Orlando FL 32818-43	C. Signature <input checked="" type="checkbox"/> X <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label)	D. Is delivery address different from Item 1? If YES, enter delivery address below:	
PS Form 3811, March 1980	7002 0860 0001 1755 5319  Express Mail Return Receipt for Merchandise C.O.D. <input type="checkbox"/> (Extra Fee) <input type="checkbox"/> Yes	

DISTRIBUTION CENTER  
02 NOV 25 AM 11:18

020770-TC

- AUS \_\_\_\_\_
- CAF \_\_\_\_\_
- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
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- MMS \_\_\_\_\_
- SEC   +
- OTH \_\_\_\_\_

DOCUMENT NUMBER - DATE  
 13093 DEC -28  
 FPSC-COMMISSION CLERK