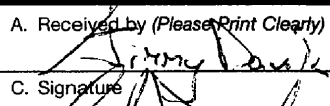


ORIGINAL

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. 	A. Received by (Please Print Clearly)	B. Date of Delivery
		
	C. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	<input checked="" type="checkbox"/> X D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: 020756 Intelligent Switching and Software, LLC 1020 N.W. 163rd Drive Miami FL 33169-5818		
2. Article Number (Transfer from service label) 7002 0860 0001 1755 5807		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		
PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424		

AUS _____
 CAF _____
 CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 MMS _____
 SEC L
 OTH _____

DOCUMENT NUMBER-DATE
14074 DEC 30 08
 FPSC-COMMISSION CLERK