

ORIGINAL

RECEIVED FPSC

JUN 23 AM 10:19

COMMISSION CLERK

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. <p>1. Article Addressed to: <u>040129</u></p> <p>FLATEL, Inc. Mr. Abby Matari Executive Center, Suite 210 2300 Palm Beach Lakes Blvd. West Palm Beach FL 33409-3304</p>	<p>A. Received by (Please Print Clearly) <u>Veronica B</u> B. Date of Delivery <u>6/21/08</u></p> <p>C. Signature <u>Veronica B</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7002 0860 0001 1758 7631
PS Form 3811, March 2001	Domestic Return Receipt 102595-01-M-1424

PSC-04-0529-PAA-TX

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- RCA _____
- SCR _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

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