


ORIGINAL

RECEIVED-FPSC

05 JAN 10 AM 11:09

COMMISSION  
CLERK

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 1/10/05
<p>1. Article Addressed to: <b>040963</b></p> <p>Universal Phone Corporation 1100 N.W. 163rd Drive Miami FL 33169-5816</p>	<p>C. Signature <b>X</b> </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Transfer from service label)</p>	<p><input checked="" type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>PS Form 3811, March 2001</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>Domestic Return Receipt</p>	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>	
<p>7002 0860 0001 1755 7405</p>		
<p>102595-01-M-1424</p>		

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

DOCUMENT NUMBER-DATE

00295 JAN 10 08

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