

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"> 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 1/6/09
1. Article Addressed to: 040983	C. Signature X <i>Conduite</i> ROSS MARY <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
Alpha Telecom, LLC 1221 West Flagler Street Miami FL 33130-2419	D. Is delivery address different from item 1? If YES, enter delivery address below: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No JAN 08 2009 USPS	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7002 0860 0001 1755 7429	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

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

PSC-04-1277A-CO-TI

DOCUMENT NUMBER-DATE

00299 JAN 10 09

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