

ORIGINAL

RECEIVED-PPSC

05 NOV 29 AM 10:33

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:</p> <p style="text-align: center;">050615</p> <p>Telefyne Incorporated 4286 Woodbine Road, Suite B Pace FL 32571-8870</p> <p style="text-align: center;">PAA</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>Corby Miller</i> 11-23-05</p> <p>C. Signature <i>Corby Miller</i></p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</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>
<p>2. Article Number (Transfer from service label)</p>	<p>7004 1160 0004 5750 7261</p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-05-1157-PAA-TX

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

DOCUMENT NUMBER-DATE

11269 NOV 29 05

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