


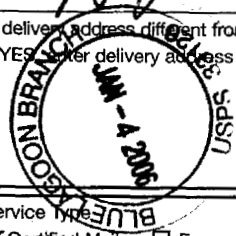
# ORIGINAL

RECEIVED-FPSC

06 JAN 11 AM 10:09

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
<p>1. Article Addressed to: PSC-05-1258      650785</p> <p>DG-TEC, LLC 7925 N.W. 12th Street, Suite 107 Miami FL 33126-1820</p> <p>PAF</p>	C. Signature X 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? If YES, enter delivery address below:</p> <p>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>7004 1160 0004 5751 0704</p>	



PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- IECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

PSC-05-1258-PAF II

DOCUMENT NUMBER-DATE

00263 JAN 11 09

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