

ORIGINAL

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COMMISSION  
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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) <i>Cruz</i>	B. Date of Delivery <i>1-23</i>
1. Article Addressed to: <i>050782</i>	C. Signature <i>X ANG Y</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
MLC Tel Corp. 1501 N.W. 2nd Avenue, Suite 1 Boca Raton FL 33432-1623  <i>PSC-06-0051-W-TI</i>	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Article Number (Transfer from service label)	Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, March 2001	7004 1160 0004 5751 1336	102595-01-M-1424

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 COM \_\_\_\_\_  
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