

ORIGINAL

RECEIVED-FPSC

06 APR 10 AM 11:02

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

050953

SunTel Metro, Inc.
P. O. Box 781119
Orlando FL 32878-1119

PAA

2. Article Number

(Transfer from service label)

7004 1160 0004 5750 9630

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

[Signature]

B. Date of Delivery

C. Signature

X *[Signature]*

Agent

Addressee

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

PSC-06-0229-PAA-TX

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

DOCUMENT NUMBER-DATE

03183 APR 10 08

FPSC-COMMISSION CLERK