

ORIGINAL

RECEIVED-FPSC

06 JUL 25 AM 9:09

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 7/22/06
<p>1. Article Addressed to: 060462</p> <p>Alpha Telecom, LLC 1221 West Flagler Street Miami, FL 33130-2419</p> <p>PSC-06-0611-AAA-TX</p>	C. Signature X <i>Elba Ferrer</i>	
<p>2. Article Number (Transfer from service label)</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p>PS Form 3811, March 2001</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.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
	7004 1160 0004 5751 2593	

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DOCUMENT NUMBER-DATE  
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