

ORIGINAL

RECEIVED-FPSC

06 JUL 27 PM 12:39

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. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Adlyn Huertes</i>	
1. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">060466</p>	B. Received by (Printed Name) <i>Adlyn Huertes</i>	C. Date of Delivery <i>7-24-06</i>
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
One World Telecom, Inc. 2699 South Bayshore Drive, 7th Floor Miami FL 33133-5425	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.	
2. Article Number <i>PSC-06 2615 PAA -TT</i> (Transfer from service to)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <p style="text-align: center; font-size: 1.2em;">7004 1160 0004 5750 9937</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

DOCUMENT NUMBER-DATE

06659 JUL 27 8

FPSC-COMMISSION CLERK