

ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:16

COMMISSION CLERK

SENDER: COMPLETE THIS SECTION | **COMPLETE THIS SECTION ON DELIVERY**

- 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 Agent
 Addressee

B. Received by (Printed Name) _____

C. Date of Delivery 8-19-06

1. Article Addressed to: 060273

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Phone Interactive Communications Corp.
600 South Dixie Highway, Suite 102
Boca Raton FL 33432-6034

Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

PSC-06-0658-PAA-TI

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) 7004 1160 0004 5751 3675

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

DOCUMENT NUMBER-DATE

07488 AUG 21 08

FPSC-COMMISSION CLERK