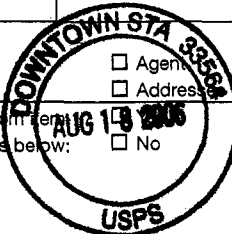


ORIGINAL

RECEIVED-FPSC

06 AUG 21 AM 11:16

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. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to: <u>060462</u></p> <p>Qwik.net ALEC, Inc. % ComputerMAX, Inc. P. O. Box 1865 Plant City, FL 33564-1865</p> <p><u>PSC-06-0705-CO-TX</u></p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0003 8789 6458</u></p>	C. Signature <i>[Handwritten Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Address <input type="checkbox"/> No
	D. Is delivery address different from item 1? If YES, enter delivery address below:	
	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	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

- MP _____
- OM _____
- TR _____
- CR _____
- CL _____
- PC _____
- CA _____
- CR _____
- GA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

07499 AUG 21 06

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