

ORIGINAL

RECEIVED-FPSC

05 AUG 21 AM 11:17

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 8-12-06
	C. Signature <i>[Signature]</i>	
1. Article Addressed to: 060466-TI	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
HablaCuba 305 West Dilido Drive Miami Beach, FL 33139-1165	D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PSC-06-0701-00-TI	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.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <sup>®</sup> <input type="checkbox"/> Yes	
	7005 1160 0003 8789 7028	

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

IP \_\_\_\_\_  
 JM \_\_\_\_\_  
 R \_\_\_\_\_  
 JR \_\_\_\_\_  
 CL \_\_\_\_\_  
 PC \_\_\_\_\_  
 CA \_\_\_\_\_  
 CR \_\_\_\_\_  
 IGA \_\_\_\_\_  
 IEC   1    
 DTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

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