

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"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to: <u>060469-TC</u></p> <p>A. CoinPhone Services, Inc. P. O. Box 144384 Coral Gables, FL 33114-4384</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No</p> <p><i>Stamp: CORAL GABLES FL 33114 AUG 17 2006</i></p>
<p><u>PSC-06-0695-CO-TC</u></p> <p>2. Article Number (Transfer from service label) <u>7005 1160 0003 8789 5598</u></p>	<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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</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

07539 AUG 21 08

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