

ORIGINAL

RECEIVED-FPSC

06 AUG 24 AM 8:54

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 type="checkbox"/> Addressee</p> <p>x <i>Foley Scott</i></p> <p>B. Received By (Printed Name) <i>Foley Scott</i> C. Date of Delivery <i>8/18/06</i></p>	
<p>1. Article Addressed to: <i>060462</i></p> <p>Fiber Media, LLC 2410 Hollywood Blvd. Hollywood, FL 33020-6607</p> <p><i>PSC-06-0705-CG-TX</i></p>	<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</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>	
<p>2. Article Number (Transfer from service label)</p>	<p><i>7005 1160 0003 8789 5154</i></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

07754 AUG 24 06

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