

ORIGINAL

RECEIVED #100

06 SEP -5 AM 9:56

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. Signature <input checked="" type="checkbox"/> <i>Steven Reyes</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>060466-TI</i>	B. Received by (Printed Name) <i>S. Reyes</i>	C. Date of Delivery
TVC Telecom Incorporated P. O. Box 310430 Miami, FL 33231-0430 <i>PSC-06 0701-CO-TI</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> AUG 31 2006 </div>	
2. Article Number (Transfer from service label)	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	
	7005 1160 0003 8789 6632	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- JMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- RCA _____
- SCR _____
- SGA _____
- SEC 1
- OTH _____

DOCUMENT NUMBER-DATE

08095 SEP-5 08