

ORIGINAL

RECEIVED-4780

06 NOV 28 PM 3:54

COMMISSION  
CLERK

060622-TX

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to: 060622

Phone 1 Smart LLC  
100 North Biscayne Blvd., 25th Floor  
Miami FL 33132-2011

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Marcela Rojas  Agent  
 Addressee

B. Received by (Printed Name)

Marcela Rojas

C. Date of Delivery

11/22/06

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PSC-06-0955-PAF-TX

2. Article Number

(Transfer from service label)

7005 1160 0003 8789 7325

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-CATE

10830 NOV 28 06

FPSC-COMMISSION CLERK