

ORIGINAL

RECEIVED-FPSC

06 DEC 18 AM 9:19

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>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Howell Powers</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>)      C. Date of Delivery</p>
<p>1. Article Addressed to: <i>060622</i></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>Phone 1 Smart LLC  200 North Biscayne Blvd., 25th Floor  Miami FL 33132-2011</p>	
<p><i>PSC-06-1029 -CO-TX</i></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>2. Article Number  (<i>Transfer from service</i>)      <i>7004 1160 0004 5751 3491</i></p>	<p>4. Restricted Delivery? (<i>Extra Fee</i>)    <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

30295-08 M-1540

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SGA \_\_\_\_\_
- SEC   1
- OTH \_\_\_\_\_

DOCUMENT NUMBER-DATE

11502 DEC 18 08

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