

ORIGINAL

070351-TX

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Rebecca Knowles</i></p>
<p>1. Article Addressed to: <i>070351</i></p> <p>STS Telecom Mr. Keith Kramer P. O. Box 822270 Pembroke Pines FL 33082-2270</p> <p><i>PSC-07-0547-PAA-TX</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

2. Article Number (Transfer from service label) **7006 0810 0002 3488 1170**

PS Form 3811, February 2004 Domestic Return Receipt 10259E-02-M-1540

DOCUMENT NUMBER-DATE
05645 JUL-68
FPSC-COMMISSION CLERK