

	<u> </u>
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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: 	A. Signature X. M. Agent Addressee B. Peceived by (Printer Name) C. Date of Delivery C. Date of Delivery
STS Telecom Mr. Keith Kramer P. O. Box 822270 Pembroke Pines FL 33082-2270	3. Service Type Certified Mail Express Mair
Δ.	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
PSC-07-0547A PAA -TX	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7005 3110 0002 8806 6621	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

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