

RECEIVED-PPSC

07 SEP -4 AM 10: 37

COMMISSION
CLERK

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: 070455

Super-Tel.Com, Inc.
16500 N.W. 7th Avenue, Suite 303
Miami FL 33169-5811

A. Signature Agent
x Thomas Terwilliger Addressee
 B. Received by (Printed Name) J C. Date of Delivery 8/29/07
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 Restricted Delivery? (Extra Fee) Yes

DSC-07-0666-AAA-TIP

2. Article Number
 (Transfer from service label)

7005 3110 0002 8806 5679

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

07953 SEP -4 8

FPSC-COMMISSION CLERK