

RECEIVED FPSC

07 SEP -7 PM 12:24

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"/> Agent<br/><input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery<br/>Gabriel Roca 8/22/07</p>   |
| 1. Article Addressed to: 070485  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br>If YES, enter delivery address below: <input type="checkbox"/> No   |
| TELCHIN Corp.<br>5535 N.W. 72nd Avenue<br>Miami FL 33166-4249  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |
| PSC-07-0666-PAA-TD   | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  |
| 2. Article Number<br>(Transfer from service label)   | 7005 3110 0002 8806 5938  |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

08122 SEP-7 6

FPSC-COMMISSION CLERK