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| 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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Natalia Sam</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <i>Natalia Ramirez</i> C. Date of Delivery</p> |
| <p>1. Article Addressed to: <i>070482</i></p> <p>TEL-Com Solutions Group, Inc. Building A, Suite 110 1601 N.W. 136th Avenue Sunrise FL 33323-2834</p> <p><i>PSC-07-0738-CO-TI</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>SEP 25 2007 CHAPEL HILL BRANCH 33369</p> <p>3. Service Type <i>USPS</i> <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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p><i>7006 2760 0003 8797 5740</i></p> |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER - DATE

08886 SEP 27 08

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