

RECEIVED-PPSC

07 OCT -4 PM 1:02

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION

- 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Handwritten Signature] Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 10/2/07

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

75C-07-0738-CO-T1

2. Article Number
(Transfer from service label)

7006 2760 0003 8797 5252

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

09134 OCT-4 5

PPSC-COMMISSION CLERK