## RECEIVED-FPSC 08 AUG 13 PM 1:30 COMMISSION CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <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> <li>Article Addressed to:</li> <li>OCS Communications, Inc.</li> <li>1069 South Alafava Trail #102</li> </ul>	A. Signature  X  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 17  If YES, enter delivery address below:
Orlando FL   32828-8732	3. Service Type    Certified Mail  Registered  Insured Mail  C.O.D.
PSC-08-0499-PAA-TC	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7004 1160 0004 5751 2852	
DS Form 3811 February 2004 Demostic Return Receipt 100505 00M 1540	

DOCUMENT NUMBER-DATE

07193 AUG 138