

RECEIVED-FPSC

08 OCT -9 AM 9:30

COMMISSION
CLERK

080441-TX

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>1. Article Addressed to: <u>080441</u></p> <p>Sun-Tel USA, Inc. 592 University Blvd., West, #2 Jacksonville FL 32216-4911</p> <p><u>PSC-08 0624-CO-TX</u></p>	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <u>Jahran Bahadi</u> <u>10/6</u></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>3. Service Type <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 is)</p>	<p><u>7006 2760 0003 8797 9472</u></p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-4-1540</p>

DOCUMENT NUMBER-DATE

09528 OCT-98

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