

RECEIVED-FPSC

08 NOV 12 AM 8:55

COMMISSION
CLERK

080494-TX

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:

080494

Cubic Communications, LLC
P. O. Box 85066
Hallandale FL 33008-5066

PSC-08-0736-CO-TX

2. Article Number
(Transfer from service label)

7006 2760 0003 8797 9755

PS Form 3811, February 2004

Domestic Return Receipt

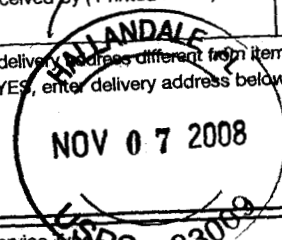
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Mabel Addressee

B. Received by (Printed Name) C. Date of Delivery

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.

4. Restricted Delivery? (Extra Fee) Yes

DOCUMENT NUMBER-DATE

10523 NOV 12 8

FPSC-COMMISSION CLERK