

RECEIVED-FPSC

08 DEC -4 AM 9:15

COMMISSION  
CLERK

080217-TI

SENDER - COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <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> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <b>080217</b>  Voiceware Systems Corporation 5850 South Military Trail, #45 Lake Worth FL 33463-6973	B. Received by (Printed Name) <i>Carla Frey</i>	C. Date of Delivery 10/28/08
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>PSC-08-0777-PAA-TI</b>	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.	
<b>7006 2760 0003 8797 9915</b>	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102565-02-M-1540

DOCUMENT NUMBER-DATE

11165 DEC-4 8

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