

RECEIVED-FPSC

09 FEB 27 AM 11:14

COMMISSION
CLERK



UNDER COMPLETE

LIVE

- Complete items 1, 2, Item 4 if Restricted Delivery
- Print your name and address 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.

7006 0810 0002 3488 1798

- Agent
- Addressee

B. Received by (Printed Name) Maldonado C. Date of Delivery 2/25/09

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

1. Article Addressed to:

Effectel Corp 080674
% Porras and Company, PA
169 East Flagler Street, Suite 800
Miami FL 33131-1296

DSC-09-0106-CO-TP

- Service Type
- Certified Mail Express Mail
 - Registered Return Receipt for Merchandise
 - Insured Mail C.O.D.
- Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7006 0810 0002 3488 1798

PS Form 3811, February 2004

Domestic Return Receipt

102506-02-M-1540

DOCUMENT NUMBER-DATE

01590 FEB 27 09

FPSC-COMMISSION CLERK