

RECEIVED-FPSC  
 09 MAY 11 AM 9:34  
 COMMISSION  
 CLERK

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 x <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <p style="text-align: center; font-size: 1.5em;">090124</p>	B. Received by (Printed Name)	C. Date of Delivery <p style="text-align: center; font-size: 1.2em;">5-8-09</p>
Applied Technology Solutions, Inc. 6521 Orange Drive Davie, FL 33314	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p style="font-size: 1.5em; font-weight: bold;">PSC-09-0301-PAA-TX</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.	
2. Article Number (Transfer from ser)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <p style="font-size: 1.2em; text-align: center;">7006 0810 0002 3487 6213</p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>		

DOCUMENT NUMBER-DATE  
 04487 MAY 11 8  
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