
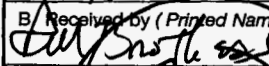
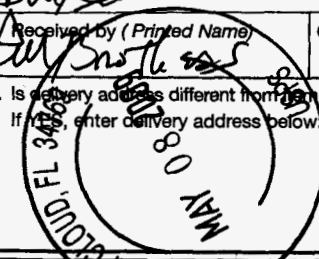


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SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 
1. Article Addressed to: 090117 Meridian TeleSystems, Inc. P.O. Box 700426 St. Cloud, FL 3477-0426	B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee 
PSC-09-0301-PAA-TX	C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No 
2. Article Number (Transfer from service label)	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. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE

04490 MAY 11 8

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