


RECEIVED-FPSC

09 MAY 13 AM 10:04

COMMISSION
CLERK

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.	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>X Yuma Yach</i></p>
<p>1. Article Addressed to:</p> <p><i>090191-TX</i></p> <p>MET Communications, Inc. P.O. Box 17180 Tampa FL 33682-7180</p> <p><i>PSC-07-0299-AAA-TX</i></p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>XINLE HILKOBINA 5/11/13</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES enter delivery address below: <input checked="" type="checkbox"/> No</p> <p><i>7006 0810 0002 3487 6152</i></p> <p></p>
	<p>3. Service Type</p> <p><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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE
04611 MAY 13 8
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