

RECEIVED-FPSC

09 MAY 20 AM 9:33

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 <i>x Paula Lopez</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: <i>090249-TC</i>	B. Received by (Printed Name) <i>Paula Lopez</i>	C. Date of Delivery <i>5/18/09</i>
Coast Communication & Multi-Service Corporation 10008 West Flagler Street Miami FL 33174-1828	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If YES, enter delivery address below:</small>	
2. Article Number <small>(Transfer from service tag)</small>	<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	
<i>PSC-09-0336-PAA-TC</i>	7006 0810 0002 3487 6251	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

DOCUMENT NUMBER-DATE

74982 MAY 20 09

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