

RECEIVED-FPSC  
09 JUN -8 AM 10: 29  
COMMISSION  
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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 <u>Rene Romo</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  ENGAGE COMMUNICATIONS 5450 MacDonald Avenue, #5 Key West FL 33040-5906	B. Received by (Printed Name) <u>Rene Romo</u> C. Date of Delivery <u>6-4-09</u>
PSC 09 0392 CO TX 090205 TX	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.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 3487 7111 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER DATE

05728 JUN -8 8

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