

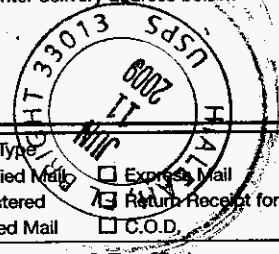
RECEIVED-FPSC

09 JUN 15 AM 9:51

COMMISSION
CLERK

090220-TX

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 checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: 090220	B. Received by (Printed Name) <i>Tris Cuellar</i>	C. Date of Delivery
BeCruising Telecom 4179 East 8 th Court Hialeah FL 33013-2401	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PSC-09-0298-PAA-TX	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes 7006 0810 0002 3487 6138	



DOCUMENT NUMBER-DATE

05919 JUN 15 8

FPSC-COMMISSION CLERK