

RECEIVED--FPSC

10 JUN 10 AM 9:25

COMMISSION  
CLERK

100247-TI

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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 6/10/10
1. Article Addressed to: <b>PSC-10-0349AAA-TI</b>  <b>Cristel Telecom, L.L.C.</b> <b>708 East Tarpon Avenue, Suite 5</b> <b>Tarpon Springs FL 34689-4250</b>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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		
2. Article Number (Transfer from service label) <b>7006 2760 0003 8796 8094</b>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

POSTAL SERVICE DATE

4796 JUN 10 9

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