

RECEIVED-FPSC

10 JUN 10 AM 9:25

COMMISSION
CLERK

100253-TI

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X <i>J Cook</i>	
1. Article Addressed to: <p style="text-align: center;">PSC-10-0349-PAA-T1</p> <p style="text-align: center;">12Callnow Inc. 4849 Lake Worth Road Greenacres FL 33463-3455</p>	B. Received by (Printed Name)	C. Date of Delivery <p style="text-align: center;">6-7-10</p>
2. Article Number <i>(Transfer from service label)</i>	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	
	7006 0810 0002 3488 1699	
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

DOCUMENT NUMBER DATE

14799 JUN 10 9

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