

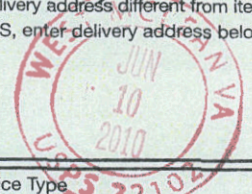
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| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|---|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | <p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Yasmin. Mohamed</i></p> <p>B. Received by (Printed Name) <i>Yasmin. Mohamed</i></p> <p>C. Date of Delivery <i>06-10-10</i></p> |
| <p><i>PSC-10 - 6362-CO-1A</i></p> <p>Global Telecom & Technology Americas, Inc. 8484 Westpark Drive, Suite 720 McLean, Virginia 22102-5117</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> <p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number (Transfer from service label)</p> | <p>7006 2760 0003 8796 8339</p> |
| <p>PS Form 3811, February 2004</p> | <p>Domestic Return Receipt 102595-02-M-1540</p> |



DOCUMENT NUMBER-DATE
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