


110119-TX

RECEIVED-FPSC

11 MAY 23 AM 10:47

COMMISSION
CLERK

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 checked="" type="checkbox"/>  <input type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 5/23/11
	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PeerTel Communication, LLC 2564 N.E. Miami Gardens Drive Aventura FL 33180-2706	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.	
110119-TX PSC-11-0220-PAA-TX	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)	7009 3410 0002 4112 5382	
PS Form 3811, February 2004	Domestic Return Receipt	102596-02-M-1540

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DOCUMENT NUMBER-DATE
 03564 MAY 23 =
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