

RECEIVED-FPSC

11 JUN 23 AM 9:38

COMMISSION  
CLERK

| 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> | <p>A. Received by (Please Print Clearly) <u>Ruben Quinones 6-20-11</u></p> <p>B. Date of Delivery <u>6-20-11</u></p> <p>C. Signature <u>[Signature]</u> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>  |
| <p>1. Article Addressed to:</p> <p><b>Legacy Long Distance International, Inc.</b><br/> <b>Mr. Rafael Quinto</b><br/> <b>10833 Valley View Street, Suite 150</b><br/> <b>Cypress CA 90630-5040</b></p> <p><u>110151-T1 PSC-11-0260-PAAT1</u> <sup>DW</sup></p>   | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         If YES, enter delivery address below:</p> <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <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<br/>         (Transfer from service label) <u>7009 3410 0002 4112 6037</u></p>  |   |
| <p>PS Form 3811, March 2001</p>  | <p>Domestic Return Receipt <span style="float: right;">102595-01-M-1424</span></p>  |

DOCUMENT NUMBER-DATE  
04320 JUN 23 =  
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