

RECEIVED-FPSC

11 JUN 23 AM 9:38

COMMISSION
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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"/> Addressee <input type="checkbox"/> Agent <i>x Daphne Bell Blackwood</i></p> <p>B. Received by (<i>Printed Name</i>) <i>Daphne Bell Blackwood</i></p> <p>C. Date of Delivery <i>06-21-2011</i></p> |
| <p>1. Article Addressed to:</p> <p style="text-align: center;">Nowtel USA, Inc. 1851 Lochshyre Loop Ocoee FL 34761-9160</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><i>DW</i> 110173-T1 PSC-11-02100-PAA-T1</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? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p> |
| <p>2. Article Number <i>7009 3410 0002 4112 5993</i> (<i>Transfer from service label</i>)</p> | |
| <p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p> | |

DOCUMENT NUMBER-DATE

04321 JUN 23 =

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